Terms and Conditions

_____ licensed in the Province of Manitoba by the
(Pharmacy Name)

College of Pharmacists of Manitoba License # _____ ("Pharmacy")

Pharmacy Address: _____ Tel: _____

_____ Fax: _____

_____

-and -

CPM - The Compounding Pharmacy of Manitoba; License #33859
27047 Oakwood Road
Oakbank, MB R5N 0A6
Phone: 204-444-4955 Fax: 204-444-4754

The Pharmacy hereby agrees to the Terms and Conditions for pharmacy services as identified by the Compounding Pharmacy of Manitoba which shall in turn be subject to the rules and regulations as set forth by the College of Pharmacists of Manitoba and Health Canada.

The Pharmacy agrees to pay for the product and services provided by the Compounding Pharmacy of Manitoba as identified below:

□ Visa/Mastercard – Must complete authorization form

□ Direct Payment (EFT) – Must complete authorization form

_____ _____
Signature (as per Pharmacy) Name (Please Print) (as per Pharmacy)

****Agreement must be signed by the pharmacy manager or pharmacy owner.****

_____ _____
Title (Owner or Pharmacy Manager) Date

_____ _____
Signature (as per Compounding Pharmacy of Manitoba) Name (Please Print) (as per Compounding Pharmacy of Manitoba)

Payment Authorization Form

Pharmacy Name:_____

Credit Card (Only Visa and Mastercard are accepted)

□ Charge credit card for each order

□ Charge credit card at end of each month for all orders

VISA/MASTERCARD (Please circle ONE)

Name on Credit Card _____

Credit Card Number_____

Expiration Date_____

Security Number (3-Digit)_____

_____ _____
Signature Name (Please Print)

Direct Payment (Electronic Funds Transfer) – Please provide a copy of a VOID Cheque
Direct payment will occur at the end of each month for all orders.

Banking Information

Vendor's Bank Address: _____ Telephone:_____

_____ Fax:_____

_____

Bank Account # _____

Bank Branch #_____

Bank Transit #_____

I hereby authorize payment for all products and services provided by the Compounding Pharmacy of Manitoba.

_____ _____
Signature Name (Please Print)