



New Stock Account Set-Up

PO Box 32256
Chicago, IL 60632-0256
Toll Free – 800-331-8759
Fax – 773-581-7045

Bill to Information:

Pharmacy
Name: _____
Address: _____

City: _____
State: _____ Zip Code: _____

Ship to Information:

Pharmacy
Name: _____
Address: _____

City: _____
State: _____ Zip Code: _____

Residential Address (check box)

E-mail Address: _____

Ph# _____ Fax# _____

Contact Information:

Contact: _____
Ph# _____

Easy Pay (select if you would like to pay with credit card, our accounting dept. will contact you before your order ships)

Quantity: _____ (Unit is per Case Minimum)

Price: \$ _____ (Price is per Thousand)

BAG # _____

BAG ENV# _____

(For Exact Label Assurance please visit our website: www.mccrackenlabel.com to view all stock labels)

** Note **

Shipping Charges are not included in the price, shipping charges all depend on the quantity (weight) and destination
All orders ship the same day they are placed