



RELIABLE PHARMACEUTICAL RETURNS, LLC.
1420 DONELSON PIKE, SUITE B-10
NASHVILLE, TN 37217
www.rpreturns.com

CUSTOMER INFORMATION FORM

Company Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____

Fax: _____

E-mail: _____

DEA Number and Expiration Date: _____

Wholesaler Name: _____

Wholesaler Account Number : _____

Wholesaler Address : _____

Wholesaler City, State, Zip: _____

Wholesaler Contact Person: _____

Wholesaler Contact Person Phone #: _____

* Please fax a copy of your DEA license to 615-361-8859.

Someone will contact you within 24 hours of form submittal.

Send Form

Print Form