



REQUEST TO MODIFY AN EXISTING DIRECT PURCHASE ACCOUNT

Prescription Pharmaceutical and Vaccine Products Distributed by Merck Sharp & Dohme Corp. ("Merck")

INSTRUCTIONS FOR COMPLETION:

- Please complete all sections of this form that apply.
- Failure to complete applicable sections, may result in a delay in processing.
- This form should be used for relocations, changing a billing address, adding a shipping location, and removing a shipping location.
- **If there is a change of ownership, please complete the New Account Application.**
- **Please keep a copy of this form for your records.**

Mail or Fax the following items to the address listed below: 1. Completed & signed Request to Modify an Existing Direct Purchase Account 2. Copies of all current state license and tax exempt certificates		MERCK REPRESENTATIVE INFO: Name: _____
If sending in by fax: FAX # - 215-616-9085 215-631-5996	If sending in by mail: Merck & Co., Inc. Customer Accounts Team 1180 Church Rd - ZB-750 Lansdale, PA 19446	Cell: _____ E-Mail: _____

SECTION I – CURRENT ACCOUNT INFORMATION

Merck Account Number:	Account Name:
Contact Name:	Contact Phone #:

SECTION II– CURRENT OWNERSHIP INFORMATION

(Please note – If this request is for a change in ownership or business financial responsibility, please call 1-800 MERCK RX. A New Direct Purchase Account Form is required for a change of ownership or financial responsibility.)

Current Name of Ownership:	
Street Address:	Suite #
City /State/Zip:	Company Website:
Area code and phone number:	Area code and FAX number:

SECTION III– ACCOUNT MODIFICATION REQUEST INFORMATION

EFFECTIVE DATE OF CHANGE:

<input type="checkbox"/> ADD A PERMANENT SHIPPING LOCATION Please complete Section V and select Add.	<input type="checkbox"/> UPDATE CURRENT SHIPPING / BILLING ADDRESS Address Type: <input type="checkbox"/> Billing (Please complete Section IV) <input type="checkbox"/> Shipping (Please complete Section V and select CHANGE)
<input type="checkbox"/> DELETE A PERMANENT SHIPPING LOCATION Please complete Section VII.	<input type="checkbox"/> UPDATE OFFICE DELIVERY TIMES Please complete Section VIII.
<input type="checkbox"/> OTHER: Please explain the modification you would like to make:	

8/2012 If you need assistance completing this application or have any question about a Merck product, please contact us at:

- Merck Order Management Center 1-800 637-2579 (1-800-MERCK RX) www.merckorders.com
- Merck Vaccine Customer Center 1-877-829-6372 (1-877-VAXMERCK) www.merckvaccines.com
- To Internet Chat with a representative or to submit a question online, go to: www.merckorders.com and click on the **CONTACT US** link
- For information regarding Merck's Privacy Policy, go to www.merck.com/privacy



SECTION IV –UPDATE A BILLING ADDRESS

Updated Billing Location Name:	
Address:	Suite #:
City/State/ZIP:	
Area Code and Phone #:	Area Code and FAX #:

SECTION V – ADD or CHANGE A SHIPPING ADDRESS

Shipping Location Name: PLEASE SELECT <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE	
Address:	Suite #:
City/State/ZIP:	
Area Code and Phone #:	Area Code and FAX #:
Delivery Restrictions: (Please complete Section VIII)	
Can you comply with the following storage requirements for Merck products?	Controlled Refrigerated (2° to 8°C/36° to 46°F) <input type="checkbox"/> Yes <input type="checkbox"/> No Controlled Frozen (-15°C/5°F or Colder) <input type="checkbox"/> Yes <input type="checkbox"/> No
IMPORTANT REMINDER: If you are a Vaccines for Children provider, please contact your state project to change your shipping address on your Vaccines for Children account. We are only able to change the billing / shipping address on your Merck Direct Purchase account.	

Please provide state license information for a physician at each shipping location. A copy of the current state license must accompany this application.

State(s) License #(s):	State:	License Type:	Name on License:	Expiration Date:
*DEA License # (Optional)	*State	Med Education #:	*Name on DEA:	Expiration Date:
HIN Number (Optional)				
*By providing and submitting DEA License number on this Account Application Form, Applicant authorizes Merck & Co., Inc. to release the DEA registration number provided above as necessary to process transactions.				

SECTION VI- PRICING CONTRACTS

Do you participate in any purchasing contracts for Merck products through a Group Purchasing Organization, Physician Organization, or on a Merck contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please list the contract name:
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Failure to complete this section may result in the location not being linked to any purchasing contracts for Merck Products. For questions related to Merck Contracts and Pricing Programs, Please contact the Merck Vaccine Customer Center at 1-877-829-6372.

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 - Merck Vaccine Customer Center 1-877-829-6372 (1-877-VAXMERCK) www.merckvaccines.com
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SECTION VII – DELETE A SHIPPING ADDRESS

Shipping Location to Delete:	
Address:	Suite #:
City/State/ZIP:	
Area Code and Phone #:	Area Code and FAX #:

SECTION VIII – UPDATE DELIVERY HOURS

Please list the hours that you **CANNOT accept** deliveries. Please indicate if you close for lunch and not able to accept deliveries.

SECTION IX– Optional - www.Merckvaccines.com Registration

- For Merck Vaccine customers, go to www.Merckvaccines.com. and click on **REGISTER**

Create a user name and password. Supply your registered www.merckvaccines.com user name in the space provided below. We will link your Direct Purchase Account to your user name. You will then have access to make vaccine purchases, pay bills, and access other account management features that www.merckvaccines.com offers.

Merck Vaccines User name: _____

SECTION X – SIGNATURE

I affirm that all the information provided and the statements made on this application are true and accurate to the best of my knowledge. I agree to abide by all state and Federal laws regarding pharmaceutical and vaccine products. I understand that falsification of information provided may result in the rejection of this application or termination of a direct purchase account with Merck & Co., Inc.

Signature of officer or owner

Print Name and Title

Date

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