



DIRECT PURCHASE ACCOUNT (DPA) APPLICATION FORM (Nondistributor)

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

INSTRUCTIONS FOR COMPLETION:

- Please complete the mandatory sections; if not applicable, please indicate with N/A.
- Failure to complete mandatory/applicable sections may result in a delay in processing.
- Please keep a copy of this completed APPLICATION FORM for your records.

ONLINE REGISTRATION:

- For Merck Vaccine customers, go to www.MerckVaccines.com and click on REGISTER. Once registered, the Application for a Direct Purchase Account (Nondistributor) may be completed online.
- For Merck Pharmaceutical customers, go to www.MerckOrders.com and click on REGISTER. Once registered, the Application for a Direct Purchase Account (Nondistributor) may be completed online.

Fax or Email the completed and signed DPA Application Form:		MERCK REPRESENTATIVE INFO:
If sending in by fax:	If sending in by email:	Name: _____
FAX # 215-616-9085	uscatdocumentation@merck.com	Cell: _____
		Email: _____

If this Application for a Direct Purchase Account is approved, Merck will email your Direct Purchase Account information to the email address listed below. If you prefer to receive a paper copy, please check here:

Email: (to be linked to the account and to receive confirmation when completed)		
Name of the Individual Completing This Form:	Title:	Phone Number / Extension

I. TYPE OF ACCOUNT & OWNERSHIP TYPE (MANDATORY)

A. Type of Customer	B: Type of Ownership	C: Tax Information
<input type="checkbox"/> Ambulance <input type="checkbox"/> Chain Pharmacy <input type="checkbox"/> Fire Department <input type="checkbox"/> Grocer / Supermarket <input type="checkbox"/> Health Department <input type="checkbox"/> Hospital In-Patient Pharmacy <input type="checkbox"/> Hospital Out-Patient Clinic <input type="checkbox"/> Hospital Out-Patient Pharmacy <input type="checkbox"/> Independent Pharmacy <input type="checkbox"/> Mass Merchant/Retail Pharmacy <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Other (please describe) <input type="checkbox"/> Physician <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician Clinic Police <input type="checkbox"/> Department <input type="checkbox"/> Research Facility	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Individual <input type="checkbox"/> Managed Care <input type="checkbox"/> Other (please describe) <input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation <hr/> <input type="checkbox"/> For Profit <input type="checkbox"/> Not for Profit <input type="checkbox"/> Partnership	TAX Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No (Local, County, States Sales Tax) (** If you checked Yes, a tax-exempt certificate must be attached or the account will be charged tax if shipping to a taxable state**) <p>For Physician and Physician Clinic customers in GA, if you resell vaccines and itemize the charges separately on the patient's bill, please attach a letter to the application with this statement.</p> <p>For customers in HI, please submit a G17 form.</p> <p>For customers in IL, LA, MN, and SC please submit a tax-exempt certificate.</p> <p>Not applicable for any other states.</p>
		D: Physician/Clinic Specialty (General Practice, Pediatrics, etc.)

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 www.MerckVaccines.com
- For Pharmaceutical products 1-800-637-2579 www.MerckOrders.com
- To submit a question online, go to www.MerckVaccines.com or www.MerckOrders.com and click on the CONTACT US link.
- For information regarding Merck's Privacy Policy, go to www.Merck.com/privacy



II. OWNERSHIP INFORMATION (MANDATORY)	
Please provide your ownership information below:	
A. NAME OF OWNERSHIP:	
Street Address:	Suite #
City /State/Zip:	Company Website:
Area Code and Phone Number:	Area Code and FAX number:
Contact Name / Phone Number (if different):	Email address:
List all owners, officers, and/or partners: Include the complete address and phone number for each owner listed below. A complete list of owners of greater than 10% of the business should be listed, unless it is a publicly held company. (Please use a separate sheet of paper if there are more than 2 owners/officers/partners).	
B. Name:	Name:
Function (owner/officer/partner):	Function (owner/officer/partner) :
Address:	Address:
Area Code & Phone Number:	Area Code & Phone Number:
List all other trade or business names used by this facility (if not applicable, please note with N/A) :	

III. CURRENT or PREVIOUS CUSTOMERS (MANDATORY)	
Do/Did you or any partners and/or owners currently have/previously have a Merck account? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please provide the account information below. If you answered No, proceed to Section IV.	
Account Name:	Current or Previous Account Number:
Street Address:	Suite #
City/State/Zip:	

IV. NEW BILL-TO INFORMATION (MANDATORY)	
Please provide name, address and email of Bill-To (to whom invoices and account statements should be sent) below:	
BILL-TO Name:	If Bill-To has the same as OWNERSHIP NAME AND ADDRESS check here: <input type="checkbox"/>
Street Address:	Suite #
City/State/Zip:	How Long in Business?
Area Code and Phone Number:	Area Code and FAX number:
Accounts Payable Contact Name:	Email address:

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 www.MerckVaccines.com
- For Pharmaceutical products 1-800-637-2579 www.MerckOrders.com
- To submit a question online, go to www.MerckVaccines.com or www.MerckOrders.com and click on the CONTACT US link.
- For information regarding Merck’s Privacy Policy, go to www.Merck.com/privacy

V. INVOICE METHOD OF DELIVERY

Note: Unless indicated below, invoices will be sent to the email address indicated in Section IV.

Check here if you would like printed **invoices** mailed to the Accounts Payable contact and address in Section IV.

VI. NEW SHIP-TO INFORMATION (MANDATORY)

If you would like more than one SHIP-TO address for this account, please list them on a separate sheet of paper and provide: **Location name, location address, phone and fax number, a contact name, and license information.**

Check here if your BILL-TO address is the same as your SHIP-TO address.

SHIP-TO Location Name:

Street Address:	Suite #
City /State/Zip:	How Long in Business?
Area Code and Phone Number:	Area Code and FAX number:
Contact Name / Phone Number (if different):	Email address:

If the location is not yet open, please provide the opening date:

VII. DELIVERY HOURS (MANDATORY)

Please list the hours that you **CAN accept** deliveries:

VIII. PRICING CONTRACTS (MANDATORY)

Do you participate in any purchasing contracts for Merck products through a Group Purchasing Organization, Physician Organization, or on a Merck contract?

Yes No If YES, please list the contract name:

NOTE: Purchasing contract enrollment occurs at the location level. When adding location(s) to a new Merck Direct Purchase Account, this form **DOES NOT** serve as an enrollment submission for purchasing contracts for Merck products through a Group Purchasing Organization, Physician Organization or on a Merck contract. Please see below for enrollment procedures:

- Group Purchasing Organization (GPO): Please contact a Group Purchasing Organization to become a GPO member. Once a GPO member, enrollment can be submitted to Merck using My Merck Accounts (www.merckaccounts.com) or by the GPO.
- Physician Organization (PO): Please contact a Physician Organization administrator to enroll as a PO member and to gain access to a purchasing contract for Merck products.
- Merck Purchasing Contract: Use My Merck Accounts (www.merckaccounts.com) to enroll in a purchasing contract for Merck products.

For questions related to Merck Contracts and Pricing Programs, contact the Merck Vaccine Customer Center for vaccines at 1-877-829-6372 or the Merck Order Management Center for prescription pharmaceuticals at 1-800-637-2579.

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 www.MerckVaccines.com
- For Pharmaceutical products 1-800-637-2579 www.MerckOrders.com
- To submit a question online, go to www.MerckVaccines.com or www.MerckOrders.com and click on the CONTACT US link.
- For information regarding Merck's Privacy Policy, go to www.Merck.com/privacy

IX. LICENSE INFORMATION (MANDATORY)

Please provide the state license information for a physician at each SHIP-TO location. If licensed in more than one state, please provide a license for each state:

State(s) License #(s):	State:	License Type:	Name on License:	Expiration Date:
------------------------	--------	---------------	------------------	------------------

X. OFFICE INFORMATION

Do you Import prescription pharmaceutical products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please list the country/countries you are importing from:
Do you Export prescription pharmaceutical products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES, please list the country/countries you are exporting to:
Do you have Controlled Refrigerated storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(2° to 8°C/36° to 46°F)
Do you have Controlled Frozen storage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(-15°C/5°F or Colder)

XI. OWNER CONFIRMATION & SIGNATURE (MANDATORY)

To the best of your knowledge, have any of the applicants, owners, or persons listed on the application:

1. Been indicted or convicted of a felony or any Federal, State or Local law? Yes No
2. Had a license, permit, registration denied, restricted, suspended or revoked by any Federal, State or Local government body? Yes No
3. Had ownership of a business that filed for bankruptcy or liquidation in the past 7 years? Yes No

If this application is approved, and a Direct Purchase Account is established with Merck, I agree to purchase all Merck pharmaceutical and vaccine products directly from Merck or from a Merck Authorized Distributor, and to adhere to the current Merck Terms and Conditions of Sale.

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. Providing your electronic signature has the same legal force and effect as a handwritten signature and thereby indicates your acceptance on behalf of the Eligible Facility(ies).

Signature of Authorized Representative

Print Name and Title

Date

Please email the completed Direct Purchase Account Application Form (inclusive of all pages) and, if applicable, the Multiple Location Workbook to: uscatdocumentation@merck.com

If you need assistance completing this application, registering online, or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 www.MerckVaccines.com
- For Pharmaceutical products 1-800-637-2579 www.MerckOrders.com
- To submit a question online, go to www.MerckVaccines.com or www.MerckOrders.com and click on the CONTACT US link.
- For information regarding Merck's Privacy Policy, go to www.Merck.com/privacy