




# CAROLINA PHARMACY NETWORK


*A Wholly Owned Subsidiary of the South Carolina Pharmacy Association*

## ENROLLMENT FORM

There is **no fee** assessed to your pharmacy as a participating member of the CPN. To notify CPN and your wholesaler, that you wish to enroll your pharmacy as a participating member, please complete this form and

*mail or fax to:*  
**Carolina Pharmacy Network**  
**1350 Browning Road**  
**Columbia, SC 29210-6903**

Toll free fax  **888-302-6675**

Toll free phone  **800-864-3699**

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEA#: \_\_\_\_\_ NABP#: \_\_\_\_\_

Pharmacy Permit # \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Owner or Contact Person: \_\_\_\_\_

I authorize the following wholesaler(s) to activate my pharmacy as a participant of the CAROLINA PHARMACY NETWORK/PACE ALLIANCE Buying Group Cooperative. This agreement directs my wholesaler(s) to utilize the CAROLINA PHARMACY NETWORK/PACE ALLIANCE contract prices for all purchases applicable. This directive does not preclude purchases at more competitive prices offered by a wholesaler source plan. Any change or modifications of this agreement requires an authorized, written notice to designated wholesaler(s) and to the CAROLINA PHARMACY NETWORK. I am aware that Pace Alliance may receive certain rebates, administrative fees and promotional allowances from wholesalers and/or drug companies as a result of my participation in this Buying Group Program, such fees will directly benefit the State Pharmacy Organization. I understand wholesalers allow a pharmacy to belong to only one buying group, and if my wholesaler has my pharmacy listed with another buying group, I am instructing my wholesaler to to change my primary buying group affiliation to Pace Alliance.”

**PLEASE CHECK your PRIMARY wholesaler:**

**King Drug**

**Smith Drug Co.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
CPN Executive Director

\_\_\_\_\_  
Date