



VA/FSS Wholesale Ordering Authorization Form

Directions: Please complete and return with licensure to fax 855-534-8308

Organization Information

Authorized FSS Organization: VA DoD Public Health Systems Coast Guard Other

If other, Name of Organization: _____

Medical Facility Name: _____

DEA No.: _____

NPI No.: _____

Ship To Information

Ship To Name: _____

Attention: _____

Shipping Address: _____

Suite/Building/Floor/Mailstop: _____

City: _____

State: _____

Zip: _____

Contact: _____

Email: _____

Phone: _____

Fax: _____

Billing To Information

Bill To Name: _____

Attention: _____

Billing Address: _____

Suite/Building/Floor/Mailstop: _____

City: _____

State: _____

Zip: _____

Contact: _____

Email: _____

Phone: _____

Fax: _____

Any orders placed with Integrated Commercial Solutions (ICS) on behalf of Walgreen Co. under this agreement, will be governed by the terms and conditions of the Federal Supply Schedule (FSS) Agreement relating to the relevant product manufacturer.

This FSS Ordering Activity Document is for use only where the product or products to be ordered from ICS are subject to an FSS agreement, where the ordering entity is an eligible FSS purchaser, and where ICS has agreed with the product manufacturer to support distribution of the product according to the FSS agreement. For questions regarding this agreement, please contact ICS Customer Support at 855-534-8317 or matulanedirect@icsconnect.com.

FSS Facility Representative Contact Information

Name: _____

Title: _____

Email: _____

Phone: _____

Date Completed: _____

Please fax completed document to 855-534-8308. If you have questions, please call ICS Customer Support at 855-534-8317.