



# PD-Rx PHARMACEUTICALS, INCORPORATED

## CHANGE OF ADDRESS REQUEST

### CURRENT ACCOUNT INFORMATION

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

### NEW ADDRESS & GENERAL INFORMATION

SHIP TO ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHIP TO CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

BILL TO ADDRESS: \_\_\_\_\_  
( if different than listed above )

TELEPHONE NUMBER: \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

NAME OF LICENSE HOLDER: \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_

ADDRESS ON STATE LICENSE: \_\_\_\_\_

DEA LICENSE #: \_\_\_\_\_ DOES THE ADDRESS MATCH THE SHIP TO: Y / N

SIGNATURE: (X) \_\_\_\_\_

PRINT NAME OF LICENSE HOLDER/OWNER/OFFICER: \_\_\_\_\_

SEND COPY OF LICENSES TO:

PD-RX PHARMACEUTICALS, INC.  
727 NORTH ANN ARBOR  
OKLAHOMA CITY, OK 73127

E-MAIL TO:

[Cheryl@pdrx.com](mailto:Cheryl@pdrx.com)

FAX TO:

800/370-3556 ATTN: CHERYL