



Major Wholesaler/Distributor Questionnaire

Account Name: _____ Account #: _____

DEA #: _____ State Board #: _____

Street Address: _____ City: _____ State: _____ Zip: _____

1) Please describe your business type:

- Wholesaler/Distributor with multiple DC locations
- Wholesaler/Distributor with 1 location
- Other (Please explain): _____

Please attach the following document:

- a. Copy of State Board License for every location
- b. Copy of DEA Registration for every location

2) Have you implemented procedures for all distribution centers concerning controlled substances with respect to the following?

2.1 Detect orders of unusual quantity, frequency and pattern from every distribution center

- Yes
- No

2.2 Detect orders of unusual quantity, frequency and pattern from every customer that is supplied by each distribution center

- Yes
- No

2.3 Orders that are identified as unusual are investigated

- Yes
- No

2.4 Orders that are investigated and found to be suspicious are reported to the DEA

- Yes
- No

Please provide (attach) any additional information that may better clarify our understanding of the processes and programs you currently have in place to comply with 21CFR 1306 and 21CFR 1301.

Affidavit

This is to attest that the above referenced Customer is not engaged in, nor has ever engaged in conducting or supporting any business that is in violation of the Ryan Haight/Online Pharmacy Consumer Act as related to internet pharmacies.

Per 21CFR 1306, the above referenced Customer understands that Federal and State law and regulations impose a corresponding responsibility to ensure that orders for controlled substances, are only used for a legitimate medical purpose.

To the best of its knowledge, the above referenced Customer maintains their DEA Registration and State Board License(s) in good standing and is currently approved to purchase controlled substances.

Please attach a list of all location addresses and corresponding DEA Registration numbers covered by this affidavit.

- 3) **Signature of responsible party (CEO, President, Owner or Compliance Officer), title and date.**
If completing this document online, please type in the information and send in a clear copy of your driver's license for signature verification

Signature	Title	Date
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Please return this properly completed form by fax or email to the Customer Care Department at the following contact information:

Fax: (734)-743-7382
 Email: ddlox@thdg.com
 Mail: Customer Care
 17187 N. Laurel Park Drive
 Livonia, MI 48152