

People's Choice Pharmacy  
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Fax: 905-770-5905  
pccompoundingpharmacy@gmail.com



## Account Set-up

Doctor/Practitioner: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Email: \_\_\_\_\_

Contact: \_\_\_\_\_

Billing Info:     Visa     MC

Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

We thank you for your business. Please let us know how  
we can serve you better, we are here to help.