



**NEW OR EXISTING CUSTOMER ORDER FORM & NEW CUSTOMER ENROLLMENT FORM**

Below is a new prescription form. Please be sure to send this along with the written prescription from your doctor. You will need to mail it to us along with a completed print out of this "Customer Enrollment" form.

If you are a current customer of PPS and we have current insurance and method of payment on file you may just write in those areas use on file information. Please feel free to print out as many copies of this form as you need or you can call PPS Customer Service and we will send you out some order forms. The number to call is 800-552-6694.

**Mail Address:**

**PPS-Postal Prescription Services  
P.O. Box 2718  
Portland, OR 97208-2718**

**Fill out form:**

**STEP 1: Customer Information**

Customer Name: \_\_\_\_\_  
First Name Last Name

Sex: \_\_\_\_\_Male \_\_\_\_\_Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Drug Allergies: Please list all drug allergies or indicate none.

\_\_\_\_\_None

Codeine \_\_\_\_\_ Aspirin \_\_\_\_\_

Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_

Other(s): \_\_\_\_\_

**STEP 2: Insurance Information**

Insurance Company Name: \_\_\_\_\_

Telephone Number on Back of Card: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Relationship number: \_\_\_\_\_

I.D. Number: \_\_\_\_\_ PCN Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Bin Number: \_\_\_\_\_

If other family members fill their prescriptions with PPS please enter their names:

\_\_\_\_\_

**STEP 3: Shipping/Billing Address Information**

Customer Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
E-mail Address(es): \_\_\_\_\_  
\_\_\_\_\_

**STEP 4: Payment Information**

**Credit Card Information**

Payment Type:  Visa  MasterCard  American Express  Discover  
Cardholder Name as it appears on the card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ (####-####-####-#### OR  
####-####-####-####\_)  
Expiration Date: \_\_\_\_/\_\_\_\_  
MM/YYYY

**All future orders will be charged to this card at shipment time unless another method of payment is designated.**

**Other payment methods**

Check Amount \$ \_\_\_\_\_ Money Order \$ \_\_\_\_\_  
Check Number: \_\_\_\_\_ (For PPS use) Money Order Number: \_\_\_\_\_ (For PPS use)

Questions? Call PPS Customer Services at 800-552-6694. We are eager to serve you!