

Special Order form

(Large one-time purchase)



DC for inventory purposes: Service ticket #: _____ Date: _____ Initials: _____

Account name: _____ Account number: _____ DC: _____

To continue to provide you with the best possible inventory service levels please utilize this form to request large one-time purchase quantities.

Please note Special Order requests could take 2-4 weeks before product is available in your distribution center.

CIN #	Description (E.g. Gemfibrozil 600mg 60%)	One time buy qty Purchase Units (Not Dosage Units)	Need-by date	Special requirements (e.g. same lot#, special expiration dating requirements)	Reason for large order	What PO# would the customer like to use?

Please note:

- Special Orders are NON-RETURNABLE and will be auto-shipped by your Cardinal Health DC by the “Need-by” date, or as soon as inventory is available in the distribution center.
- Pricing on Special Orders is not guaranteed and could change between the Order Date and the Invoice Date
- Freight or other charges/fees may apply to Special Orders, given the large quantities and timeframe needed.

Print name: _____ Signature*: _____

Phone #: _____ Date: _____

Please email or fax completed form to your regular Customer Service contact.

*By signing this form or sending via email, I acknowledge that I have read and agree to the disclaimers in the “Please Note” section above.