## Special Order form

(Large one-time purchase)



DC for inventory purposes:	Service ticket #:	Date:	Initials:
Account name:	Account number:		

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 #	<b>Description</b> (E.g. Gemfibrozil 600mg 60's)	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?
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## **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.					

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