

Online New Account Form for Pfizer Customers

Account Name (Include Group Practice Name, If Applicable)	
Account Address	
Billing Address (If Different from Above)	
Customer License #/DEA #	
Account Contact Person and Phone #	
Account Contact Email Address	
Account Contact Fax #	
Office Hours (List Full Days Only)	
Provide Name of Physician Buying Group	

If Customer Is Tax Exempt – Please Provide Tax Exemption Certificate

Email this completed form to CIGAdmin@Pfizer.com

SUBJECT LINE: "NEW ACCT REQUEST"

Once this form has been submitted, any and all changes should be called into
Customer Service at 1-800-666-7248.