

Confidential Due Diligence Questionnaire

ACCOUNT INFORMATION

Company Name: _____

Site Address: _____

City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax: _____

Name and Title of person completing this form: _____

Number of Employees: _____

Business Hours: _____

Number of Pharmacists at this Location: _____

DOCUMENTATION REQUIRED

(Attach additional sheets if necessary)

Copy of DEA Registrations if applicable.

Copy of State Board of Pharmacy Licenses

Copy of State Controlled Substance license

REQUIRED INFORMATION

1. How many years have you been in business?
2. How many Rx orders does your company average per week?
3. How many Controlled Substance orders does your company average per week?
4. Do you have a Due Diligence process for your customers in place? Yes ___No___
5. Does your company have a website? Yes_____ No _____
If yes, what is the website address?
6. Does the website solicit controlled substances, or accept orders for controlled substances on that site? Yes _____ No _____

If yes, please explain:

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7. Please describe your building (including square footage) and associated security alarm system.
(Attach additional sheets if necessary)

8. Who is your primary pharmaceutical vendor?

LICENSING

1. What was the date of your last state inspection? _____

2. What was the date of your last federal inspection? _____

3. Have there been any disciplinary actions taken against you or your facility?
Yes ___ No ___

If so, please describe those actions:

4. List the states that you dispense controlled substances. If applicable. Use additional sheets if necessary.

a) Are you licensed in that state(s) and comply with their laws? Yes ___ No ___

b) Who is the responsible individual for monitoring licenses and compliance?

COMPLIANCE AND RECORD KEEPING:

1. Is there a new employee screening process? Yes ___ No ___

Please explain the process _____

Business Organization Name _____

Full Name _____ Title _____

Date: _____ Signature _____

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