



# REQUEST TO MODIFY AN EXISTING DIRECT PURCHASE ACCOUNT

Prescription Pharmaceutical and Vaccine Products Distributed by Merck Sharp & Dohme Corp. (“Merck”)

## INSTRUCTIONS FOR COMPLETION:

- Please complete all sections of this form that apply.
- Failure to complete applicable sections, may result in a delay in processing.
- This form should be used for relocations, changing a billing address, and adding/removing a shipping location
- **If there is a change of ownership, please complete the New Account Application.**
- **Please keep a copy of this form for your records.**

## ONLINE REGISTRATION:

For Merck Vaccine customers, go to [www.MerckVaccines.com](http://www.MerckVaccines.com) and click on REGISTER. Once registered, the Request to Modify an Existing Direct Purchase Account form may be completed online.

For Merck Pharmaceutical customers, go to [www.MerckOrders.com](http://www.MerckOrders.com) and click on REGISTER. Once registered, the Request to Modify an Existing Direct Purchase Account form may be completed online.

Fax or E-mail the completed & signed Request to Modify an Existing Direct Purchase Account form to the address listed below:		MERCK REPRESENTATIVE INFO:	
If sending in by fax:	If sending in by e-mail:	Name: _____	
<b>FAX # - 215-616-9085</b>	<a href="mailto:uscatdocumentation@merck.com">uscatdocumentation@merck.com</a>	Cell: _____	
		E-Mail: _____	

### SECTION I – CURRENT ACCOUNT INFORMATION

Merck Account Number:	Account Name:
Contact Name:	Contact Title:
Contact Phone #:	
E-mail:	

### SECTION II – CURRENT OWNERSHIP INFORMATION

**(Please note – If this request is for a change in ownership or business financial responsibility, please call 1-800 MERCK RX. A New Direct Purchase Account Form is required for a change of ownership or financial responsibility.)**

<b>Current Name of Ownership:</b>	
Street Address:	Suite #
City /State/Zip:	Company Website:
Area code and phone number:	Area code and FAX number:

8/2019 If you need assistance completing this application or have any questions about a Merck product, please contact us at:

- For Vaccine products 1-877-829-6372 [www.merckvaccines.com](http://www.merckvaccines.com)
- For Pharmaceutical products 1-800-637-2579 [www.merckorders.com](http://www.merckorders.com)
- To web conference with a Vaccine Account Representative or to submit a question online, go to [www.merckvaccines.com](http://www.merckvaccines.com) and click on the CONTACT US link
- For information regarding Merck’s Privacy Policy, go to [www.merck.com/privacy](http://www.merck.com/privacy)



**SECTION III- ACCOUNT MODIFICATION REQUEST INFORMATION**

**ADD A PERMANENT SHIPPING LOCATION**

Please complete Section V and VI and select Add.

**UPDATE CURRENT SHIPPING / BILLING ADDRESS**

Address Type:

Billing (Please complete Section IV)

Shipping (Please complete Section V and VI and select **CHANGE**)

**DELETE A PERMANENT SHIPPING LOCATION**

Please complete Section IX.

**UPDATE OFFICE DELIVERY TIMES** Please complete Section VII.

**OTHER:** Please explain the modification you would like to make:

**EFFECTIVE DATE OF CHANGE:**

**SECTION IV -UPDATE A BILLING ADDRESS**

Updated Billing Location Name:

Address:

Suite #:

City/State/ZIP:

Area Code and Phone #:

Area Code and FAX #:

**SECTION V - ADD or CHANGE A SHIPPING ADDRESS**

Shipping Location Name:

PLEASE SELECT  **ADD**  **CHANGE**

Address:

Suite #:

City/State/ZIP:

Area Code and Phone #:

Area Code and FAX #:

Can you comply with the following storage requirements for Merck products?

Controlled Refrigerated (2° to 8°C/36° to 46°F)

Yes  No

Controlled Frozen (-15°C/5°F or Colder)

Yes  No

**IMPORTANT REMINDER:**

- If you are a Vaccines for Children provider, please contact your state project to change your shipping address on your Vaccines for Children account. We are only able to change the billing / shipping address on your Merck Direct Purchase account.

**SECTION VI - LICENSE INFORMATION**

Please provide the state license information for a physician at each shipping location. If licensed in more than one state, please provide a license for each state.

State(s) License #(s):

State:

License Type:

Name on License:

Expiration Date:

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**SECTION VII – UPDATE DELIVERY HOURS**

Please list the day and hours that you **CANNOT accept** deliveries.

**SECTION VIII– PRICING CONTRACTS**

Do you participate in any purchasing contracts for Merck products through a Group Purchasing Organization, Physician Organization, or on a Merck contract?

Yes  No

If YES, please list the contract name:

**NOTE: In addition to completing this section, an enrollment form may also be required in order to be eligible for contracted pricing for Merck Products. Please check the Terms and Conditions of your purchasing contract or pricing program for further guidance. Failure to complete this section and any required enrollment forms may result in the location not being linked to any purchasing contracts for Merck Products.**

For questions related to Merck Contracts and Pricing Programs, contact the Merck Vaccine Customer Center for vaccines at 1-877-829-6372 or the Merck Order Management Center for pharmaceuticals at 1-800-637-2579.

**SECTION IX – DELETE A SHIPPING ADDRESS**

Shipping Location to Delete:

Address:

Suite #:

City/State/ZIP:

Area Code and Phone #:

Area Code and FAX #:

**SECTION X – SIGNATURE**

I affirm that all the information provided and the statements made on this application are true and accurate to the best of my knowledge. I agree to abide by all state and Federal laws regarding pharmaceutical and vaccine products. I understand that falsification of information provided may result in the rejection of this application or termination of a direct purchase account with Merck & Co., Inc.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

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