



## Rebate Commitment

Until further notice, all purchasing rebates and administrative fees shall be paid only to RxPlus Pharmacies, Inc. I understand that I may have other contracting organizations or corporations listed on my contract file; I prefer RxPlus Pharmacies, Inc. to be my only contracting organization.

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Wholesaler: \_\_\_\_\_

Secondary Wholesaler: \_\_\_\_\_

DEA Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_