



Contact Information

Company (providing inventory)

Pick-up Address

City

State

Zip Code

Contact Person

Phone

E-mail

Fax

Product Information

Product Details (if a piece count or shipping list is available, please note)

Quantity: Pieces: _____ Pallets: _____ Cartons: _____ Weight: _____
(approx)

NDC# (if applicable)

Product Description

Expiration Date

OTC or RX

Ready for pickup on: _____
(if there is a time of day that is preferred, please note)

Do you need a receipt for tax purposes? Yes No

Distribution preference: Domestic (U.S.) International Either

Please fax this form to (405) 789-5030.

We will be in touch to make the necessary arrangements concerning shipping. We appreciate the opportunity to work with you and your company to help distribute excess, sample, slightly irregular, or short-dated inventories to needy individuals through our network of nonprofits.

Thank you.

BLUSOURCE