

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Zydus Pharmaceuticals (USA) Inc. Number: _____ Rx Product Name: Lansoprazole Delayed-Release Capsules, USP 30 mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 68382-544-06 <input checked="" type="checkbox"/> UPC/GTIN 10368382544060 Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input checked="" type="checkbox"/> Pallet <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Item Description: pink opaque colored cap printed with "ZA -51" in black ink and white opaque body printed with "30 mg" in black ink.	a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement
URL for additional product information: WWW.ZYDUSUSA.COM Address: 73 Route 31 North City, State, Zip: Pennington, NJ 08534 Key Contact: _____ Email: _____ Phone Number: (609) 730-1900 Fax: (609)730-1991 Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: Lansoprazole Country of Origin: India Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2.	b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* _____ *Please provide additional information on page 2.
Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																																																																				
Product Shape: Capsule Product Color: Pink/white Product Imprint: ZA51 & 30 mg Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? case Of what package type? <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Shelf life: 24 Months Initial shelf life at launch (if diff't): _____	Size/Strength/Form: 30 count Unit of Sale: <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: UPC Code: _____ Mstr. Shpr.: 24 Inner Case Pk: _____ Wght. Lbs.: Case: 3.82 lb Cube: 0.16 Carton: _____ Item: 12.00 g	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Dimensions</th> <th rowspan="2"># Cases/ Pallet</th> </tr> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> </thead> <tbody> <tr> <td>Depth: 6.73"</td> <td>Depth: 47.24"</td> <td>Depth: 47.24"</td> <td rowspan="3">160</td> </tr> <tr> <td>Height: 4.02"</td> <td>Height: 2.982"</td> <td>Height: 47.00"</td> </tr> <tr> <td>Width: 10.08"</td> <td>Width: 1.609"</td> <td>Width: 39.37"</td> </tr> </tbody> </table>	Dimensions			# Cases/ Pallet	Case	Item	Pallet	Depth: 6.73"	Depth: 47.24"	Depth: 47.24"	160	Height: 4.02"	Height: 2.982"	Height: 47.00"	Width: 10.08"	Width: 1.609"	Width: 39.37"	For Generic Drug Products: I. Orange Book Rating: AB III. Brand Name Equivalent: Prevacid II. Product Color: Pink/white IV. Generic Name for Brand: Lansoprazole Delayed-Release Capsules, USP 30 mg																																																	
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Signature: _____



HAZARDOUS MATERIAL INFORMATION	
Is this product (check all that apply):	
a. Cytotoxic?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Carcinogen	
<input type="checkbox"/> Reproductive Toxicant	
<input type="checkbox"/> Both	
<input type="checkbox"/> Warning appears on label	
c. Contact Hazard?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. Does this product require special clean-up instructions?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, attach MSDS with special instructions	
DANGEROUS GOODS SHIPPING INFORMATION	
Is this product regulated for shipment by the DOT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, answer a-d below and provide MSDS)	
a. DOT Hazard Class _____	b. UN/ID Number _____
c. Packing Group _____	d. Inhalation Hazard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is this product shipped utilizing an authorized DOT exception or Special Permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, identify method below)	
<input type="checkbox"/> Limited Quantity	
<input type="checkbox"/> Consumer Commodity, ORM-D	
<input type="checkbox"/> Small Quantity (49 CFR 173.4)	
<input type="checkbox"/> Special Permit; DOT-SP _____	
<input type="checkbox"/> Special Provision (listed in Column 7 of 49 CFR 172.101); SP# _____	
Is the product restricted for air shipment?	
<input type="checkbox"/> Passenger	
<input type="checkbox"/> Cargo	
<input type="checkbox"/> Passenger & Cargo	
STORAGE INFORMATION	
Please check as appropriate for this product.	
<input type="checkbox"/> Organic	<input type="checkbox"/> Inorganic
<input type="checkbox"/> Antineoplastic	<input type="checkbox"/> Steroid/Androgen
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Oxidizer
Aerosol; Identify NFPA Storage Level: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3	
<input type="checkbox"/> Precursor Chemical (Describe below):	
<input type="checkbox"/> Ephedrine	
<input type="checkbox"/> Pseudoephedrine	
<input type="checkbox"/> Phenylpropanolamine	
<input type="checkbox"/> Iodine (≥2.2%)	
<input type="checkbox"/> Other: _____	
PRODUCT INFORMATION	ADDITIONAL INFORMATION
Does this product or its components have an MSDS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.) Attach a copy of MSDS or non-hazard letter.	Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Zydus Pharmaceuticals (USA) Inc. Number: Rx Product Name: Lansoprazole Delayed-Release Capsules, USP 30 mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 68382-544-16 <input checked="" type="checkbox"/> UPC/GTIN 10368382544169 Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input checked="" type="checkbox"/> Pallet <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Item Description: pink opaque colored cap printed with "ZA -51" in black ink and white opaque body printed with "30 mg" in black ink. + URL for additional product information: WWW.ZYDUSUSA.COM Address: 73 Route 31 North City, State, Zip: Pennington, NJ 08534 Key Contact: Email: Phone Number: (609) 730-1900 Fax: (609)730-1991 Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: Lansoprazole Country of Origin: India Harmonization Code Number for International Shipping: Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No <p style="text-align: center;">*If yes, provide additional information on page 2.</p> <p style="text-align: center;">Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT</p>	a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* _____ <p style="text-align: right;">*Please provide additional information on page 2.</p>

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																						
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	DZ																						
	EA																						
	PPK																						

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Signature: _____



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):
a. Cytotoxic?
b. CA Prop. 65 Carcinogen or Reproductive Toxicant?
c. Contact Hazard?
d. Does this product require special clean-up instructions?

Yes/No checkboxes for items a, b, c, and d.

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT (if yes, answer a-d below and provide MSDS)

a. DOT Hazard Class
c. Packing Group

b. UN/ID Number

d. Inhalation Hazard?

Is this product shipped utilizing an authorized DOT exception or Special Permit? (if yes, identify method below)

- Limited Quantity
Consumer Commodity, ORM-D
Small Quantity (49 CFR 173.4)
Special Permit; DOT-SP
Special Provision (listed in Column 7 of 49 CFR 172.101); SP#

Is the product restricted for air shipment?

- Passenger
Cargo
Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

- Organic, Antineoplastic, Corrosive, Aerosol; Identify NFPA Storage Level: Level 1, 2, 3
Inorganic, Steroid/Androgen, Oxidizer
Precursor Chemical (Describe below): Ephedrine, Pseudoephedrine, Phenylpropanolamine, Iodine (≥2.2%), Other:

PRODUCT INFORMATION

Does this product or its components have an MSDS? Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
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	Regular Cost (\$)	Purchase Allowance <input type="checkbox"/> OI <input type="checkbox"/> BB		Distribution <input type="checkbox"/> OI <input type="checkbox"/> BB		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax															
		\$	%	\$	%																					
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This offer is made on a proportionally equal basis to all sellers' accounts complete with customer.

Signature: _____



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

a. Cytotoxic? Yes No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Yes No

Carcinogen

Reproductive Toxicant

Both

Warning appears on label

c. Contact Hazard? Yes No

d. Does this product require special clean-up instructions? Yes No

If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT Yes No
(if yes, answer a-d below and provide MSDS)

a. DOT Hazard Class _____

b. UN/ID Number _____

c. Packing Group _____

d. Inhalation Hazard? Yes No

Is this product shipped utilizing an authorized DOT exception or Special Permit? Yes No (if yes, identify method below)

Limited Quantity

Consumer Commodity, ORM-D

Small Quantity (49 CFR 173.4)

Special Permit; DOT-SP _____

Special Provision (listed in Column 7 of 49 CFR 172.101); SP# _____

Is the product restricted for air shipment?

Passenger

Cargo

Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic

Antineoplastic Steroid/Androgen

Corrosive Oxidizer

Aerosol; Identify NFPA Storage Level: Level 1 Level 2 Level 3

Precursor Chemical (Describe below):

Ephedrine

Pseudoephedrine

Phenylpropanolamine

Iodine (≥2.2%)

Other: _____

PRODUCT INFORMATION

Does this product or its components have an MSDS? Yes No
(e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)

Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?

PRODUCT INFORMATION	SPECIAL HANDLING AND STORAGE REQUIREMENTS
Manufacturer/Broker Name: Zydus Pharmaceuticals (USA) Inc. Number: Rx Product Name: Lansoprazole Delayed-Release Capsules, USP 30 mg <input type="checkbox"/> NDA <input checked="" type="checkbox"/> ANDA Product ID Number: <input checked="" type="checkbox"/> NDC 68382-544-10 <input checked="" type="checkbox"/> UPC/GTIN 10368382544107 Serialized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How? <input checked="" type="checkbox"/> 2D <input type="checkbox"/> RFID <input checked="" type="checkbox"/> Pallet <input checked="" type="checkbox"/> Case <input checked="" type="checkbox"/> Item Description: pink opaque colored cap printed with "ZA -51" in black ink and white opaque body printed with "30 mg" in black ink.	a. Temperature – Indicate the USP temperature range for this product. <input type="checkbox"/> I. Freezer – between -25 and -10 C (-13° – 14° F) <input type="checkbox"/> II. Cold – between 2 and 8 C (36° – 46° F) <input type="checkbox"/> III. Cool – between 8 and 15 C (46° – 59° F) <input checked="" type="checkbox"/> IV. Controlled Room – between 20 and 25 C (68° – 77° F) allows for excursions between 15 and 30 C (59° – 86° F) <input type="checkbox"/> V. Excessive Heat – above 40 C (>104° F) <input type="checkbox"/> VI. Other Temperature Range Requirement (write in) _____ <input type="checkbox"/> VII. No Requirement b. Contact for temperature excursion questions: Name: _____ Number: _____ Is this product to be shipped to customers on ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is this product to be shipped to customers on dry ice? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Special regulations for this product in certain states? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No Special returns requirements for this product? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No d. Store product upright? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Protect product from light? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other requirements?* _____ *Please provide additional information on page 2.
URL for additional product information: WWW.ZYDUSUSA.COM Address: 73 Route 31 North City, State, Zip: Pennington, NJ 08534 Key Contact: _____ Email: _____ Phone Number: (609) 730-1900 Fax: (609)730-1991 Is the Product... <input checked="" type="checkbox"/> A Direct Ship Item <input type="checkbox"/> A Drop Ship Item a Controlled Drug? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Schedule Number: _____ ARCOS reportable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Biological? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Co-Licensed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Repackaged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a Legend Device? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Does the product contain DEHP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Active ingredient, if product contains a drug: Lansoprazole Country of Origin: India Harmonization Code Number for International Shipping: _____ Is this product a Hazardous Material or Cytotoxic Agent? <input type="checkbox"/> *Yes <input checked="" type="checkbox"/> No *If yes, provide additional information on page 2. Attach copy of MATERIAL SAFETY DATA SHEET (MSDS) and PACKAGE INSERT	

ADDITIONAL PRODUCT INFORMATION	ITEM AND PACKING INFORMATION																																																											
Product Shape: Capsule Product Color: Pink/white Product Imprint: ZA51 & 30 mg Is there a minimum order quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? case Of what package type? <input checked="" type="checkbox"/> Case <input type="checkbox"/> Carton <input type="checkbox"/> Item Shelf life: 24 Months Initial shelf life at launch (if diff't)	Size/Strength/Form: 1000 count Lansoprazole Delayed-Release Capsules, USP 30 mg Unit of Sale: <input checked="" type="checkbox"/> Bottle <input type="checkbox"/> Box <input type="checkbox"/> Glass Jar <input type="checkbox"/> Ampule <input type="checkbox"/> Other: UPC Code: Case: _____ Carton: _____ Item: _____ Mstr. Shpr.: 12 Inner Case Pk: _____ Wght. Lbs.: Case: 18.58 lb Carton: _____ Item: 100.50 g Cube: 1.05 Dimensions: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Case</th> <th>Item</th> <th>Pallet</th> </tr> <tr> <td>Depth: 11.81"</td> <td>Depth: 7.984"</td> <td>Depth: 47.24"</td> </tr> <tr> <td>Height: 9.76"</td> <td>Height: 7.984"</td> <td>Height: 47.00"</td> </tr> <tr> <td>Width: 15.75"</td> <td>Width: 3.937"</td> <td>Width: 39.37"</td> </tr> </table> # Cases/Pallet: 32	Case	Item	Pallet	Depth: 11.81"	Depth: 7.984"	Depth: 47.24"	Height: 9.76"	Height: 7.984"	Height: 47.00"	Width: 15.75"	Width: 3.937"	Width: 39.37"																																															
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Whsl. Code #: _____ Fineline Code: _____ Is Item? <input type="checkbox"/> Unit Dose <input type="checkbox"/> Unit of Use If Unit Dose, is item bar coded to unit dose for hospital scanning? <input type="checkbox"/> Yes <input type="checkbox"/> No	For Generic Drug Products: I. Orange Book Rating: AB III. Brand Name Equivalent: Prevacid II. Product Color: Pink/white IV. Generic Name for Brand: Lansoprazole Delayed-Release Capsules, USP 30 mg COST INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Regular Cost (\$)</th> <th colspan="2">Purchase Allowance</th> <th colspan="2">Distribution</th> <th rowspan="2">Invoice Cost (\$)</th> <th rowspan="2">Net Cost (\$)</th> <th rowspan="2">Mfr's AWP</th> <th rowspan="2">Avg Retail Price (\$)</th> <th rowspan="2">SRP (\$)</th> <th rowspan="2">Excise Tax</th> </tr> <tr> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> <th><input type="checkbox"/> OI</th> <th><input type="checkbox"/> BB</th> </tr> </thead> <tbody> <tr> <td></td> <td>\$</td> <td>%</td> <td>\$</td> <td>%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DZ</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>EA</td> <td></td> <td></td> <td></td> <td></td> <td>?</td> <td></td> <td>?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PPK</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Regular Cost (\$)	Purchase Allowance		Distribution		Invoice Cost (\$)	Net Cost (\$)	Mfr's AWP	Avg Retail Price (\$)	SRP (\$)	Excise Tax	<input type="checkbox"/> OI	<input type="checkbox"/> BB	<input type="checkbox"/> OI	<input type="checkbox"/> BB		\$	%	\$	%							DZ											EA					?		?				PPK										
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This offer is made on a proportionally equal basis to all sellers' accounts complete with customer.

Signature: _____



HAZARDOUS MATERIAL INFORMATION

Is this product (check all that apply):

a. Cytotoxic? Yes No

b. CA Prop. 65 Carcinogen or Reproductive Toxicant? Yes No

Carcinogen
 Reproductive Toxicant
 Both
 Warning appears on label

c. Contact Hazard? Yes No

d. Does this product require special clean-up instructions? Yes No

If yes, attach MSDS with special instructions

DANGEROUS GOODS SHIPPING INFORMATION

Is this product regulated for shipment by the DOT Yes No
 (if yes, answer a-d below and provide MSDS)

a. DOT Hazard Class _____ b. UN/ID Number _____

c. Packing Group _____ d. Inhalation Hazard? Yes No

Is this product shipped utilizing an authorized DOT exception or Special Permit? Yes No (if yes, identify method below)

Limited Quantity
 Consumer Commodity, ORM-D
 Small Quantity (49 CFR 173.4)
 Special Permit; DOT-SP _____
 Special Provision (listed in Column 7 of 49 CFR 172.101); SP# _____

Is the product restricted for air shipment?

Passenger
 Cargo
 Passenger & Cargo

STORAGE INFORMATION

Please check as appropriate for this product.

Organic Inorganic
 Antineoplastic Steroid/Androgen
 Corrosive Oxidizer

Aerosol; Identify NFPA Storage Level: Level 1 Level 2 Level 3

Precursor Chemical (Describe below):
 Ephedrine
 Pseudoephedrine
 Phenylpropanolamine
 Iodine (≥2.2%)
 Other: _____

PRODUCT INFORMATION

Does this product or its components have an MSDS? Yes No
 (e.g., chemicals, solutions, products impregnated with solutions, batteries, drugs, etc.)
 Attach a copy of MSDS or non-hazard letter.

ADDITIONAL INFORMATION

Special regulations or returns requirements for this product in certain states? If so, which states? Other requirements?