



As Owner/Partner/Pharmacy Manager for the pharmacy(s) referenced below, I authorize Appriss to enter my pharmacy(s) into the **no cost** National Precursor Log Exchange (NPLeX).

I understand I will receive an email with step-by-step instructions for activation, and that once activated, my pharmacy(s) will be able to submit all required PSE transactions electronically, via a **free** web portal.

**Pharmacy Name**

(Please Print)

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**Pharmacy Address**

(Please Print)

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**Phone**

(Please Print)

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**Owner/Partner/Manager Name**

(Please Print)

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**Owner/Partner/Manager Signature**

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