



Rx Ownership Interest Form

Please provide all information below so we can better assess your interest & needs. All information will be maintained in the strictest confidence and will not be shared with any outside party without your express consent (See privacy policy). We strongly encourage you to use a personal email address and phone number to best maintain your privacy.

First Name

Last Name

Email Address

Phone

Current Professional Status

Are you Interested in Selling Your Pharmacy(ies)?

Do You Have an Exit Plan?

Yes

No

Date of Desired Sale

Are You Interested in Opening/Starting a Pharmacy?

Do You Have a Business Plan?

Do You Have Financing for Your Start-up?

Yes

No

Are You Interested in Acquiring or Being a Partner?

Yes

No

Have You Established an Operating Company?

Are You interested in Buying or Investing in a Pharmacy?

Do You Have Financing For a Purchase?

Yes

No

Please Provide Details About Your Desired Sale, Purchase or Partnership Opportunity:
(Timeframe, desired location(s), financing status, exit plan status, assistance needed, etc.)

When you have completed the form, please save/download it & send it in an email to General Counsel Amanda Fields at American Pharmacies: afields@aprx.org All contacts & discussions will be confidential.