|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEA REGISTRANT INFORMATION** | | | | | | | | |
| **Facility Name** |  | | | | | | |  |
| **DEA Registrant Name** |  | | | | | | |  |
| **Registered Address** |  | | | | | | |  |
| **City** |  | | **State** |  | | **Zip** |  |  |
| **Phone** |  | | **Fax** |  | | | |  |
| **DEA Registrant Email** |  | | | | | | |  |
| **DEA #** |  | **DEA # Exp. Date** | | |  | | |  |
| **State License #** |  | **State # Exp. Date** | | |  | | |  |
| **Facility Contact** |  | | | | | | |  |
| **Facility Contact Phone** |  | | **Fax** | |  | | |  |
| **Facility Contact Email** |  | | | | | | |  |
|  | | | | | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BILLING INFORMATION** | | | | | | | |
| **Company Name** |  | | | | | |  |
| **Billing Address** |  | | | | | |  |
| **City** |  | **State** |  | | **Zip** |  |  |
| **Billing Contact** |  | | | | | |  |
| **Billing Phone** |  | **Billing Fax** | |  | | |  |
| **Billing Email** |  | | | | | |  |
| **How Did You Hear About Us?** |  | | | | | |  |
|  | | | | | | | |

I declare the information provided on this form is true and correct to the best of my knowledge.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | |  |
|  | *Printed Name* |  | *Job Title* | | |  |
|  | **X** | | |  |  |  |
|  | *Signature* | | |  | *Date* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **For Office Use Only:** | | | | | |
| Salesperson |  | Verified By |  | Pricing |  |
| Date Received |  | Date Verified |  | Account Number |  |