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| **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** |       |  |
|  |  |

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| **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.

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

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