



**Designation of Authorized Purchaser:
Encapsulating Machine**

PRIVACY DOCUMENT: REPLY ONLY TO THIS SECURE FAX NUMBER: (310) 516-2014

Company: _____ Customer #: _____

Customer Fax: _____ Tel: _____ Attn/Contact Person: _____

Address: _____

City, State, Zip: _____

Date: _____ Spectrum Representative: _____

Dear Customer: Code of Federal Regulations, Title 21, Part 1310.07 "Proof of Identity," requires that positive identification and authorization status be established for all persons making regulated purchases of a listed Chemical, Tableting or Encapsulating Machine. Please complete both sections and send to the secure FAX number above. Designations are valid for one year.

Privacy Statement: All personal information obtained for this purpose is received in a restricted access area, handled only by authorized personnel and secured to maintain the privacy of your personal information. This information will not be disseminated by Spectrum in any form, but must be disclosed to law enforcement personnel upon lawful request.

DEA Registration Number of Purchasing Entity: _____

Expires: _____

State Board of Pharmacy License Number: _____

Expires: _____

Authorized Purchasing Agent: (Print) _____ Title: _____

Signature: _____ Date: _____

I hereby designate the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of the identification and the Authorized Purchasing Agent status of each person designated herein.

Purchasing Company Official: (Print) _____ Title: _____

Signature: _____ Date: _____