

**Customer Verification Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DEA REGISTRANT INFORMATION** | | | | | | | | | |
| **DEA Registrant Name** | |  | | | | | | |  |
| **Type of Business Activity** | |  | | | | | | |  |
| **Address** | |  | | | | | | |  |
| **City** | |  | | **State** |  | | **Zip** |  |  |
| **Phone** | |  | | **Fax** |  | | | |  |
| **Email** | |  | | | | | | |  |
| **DEA #** | |  | **DEA # Exp. Date** | | |  | | |  |
| **STATE #** | |  | **STATE # Exp. Date** | | |  | | |  |
|  |  | | | | | | | |  |

**\*Please supply Copies of DEA Certificate and State License/Permit if applicable\***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BUSINESS INFORMATION** | | | | | | | |
| **Company Name** |  | | | | | |  |
| **DBA (Doing Business As)** |  | | | | | |  |
| **Facility Contact** |  | | | | | |  |
| **Facility Contact Email** |  | | | | | |  |
| **Facility Contact Phone** |  | **Fax** |  | | | |  |
| **Billing Address** |  | | | | | |  |
| **City** |  | **State** |  | | **Zip** |  |  |
| **Billing Contact** |  | | | | | |  |
| **Billing Phone** |  | **Billing Fax** | |  | | |  |
| **Billing Email** |  | | | | | |  |
| **Federal Tax ID #** |  | | | | | |  |
| **How did you hear about us?** |  | | | | | |  |
|  | | | | | | | |

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