**Customer Verification Form**

|  |
| --- |
| **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 |  |