



Chemical
Web
Community

http://www.chemassociates.com

Date Faxed: _____

Time: _____ EST

Purchaser Identification & Designation of Authorized Purchasing Agent Precursors, Specified Chemicals, Certain Glassware, Apparatus, Reagents & Solvents

Order # _____

Billing

Shipping

Company Name	_____	_____
Address 1	_____	_____
Address 2	_____	_____
City, State, Zip	_____	_____
Telephone	_____	_____
Fax	_____	_____

Dear Customer: We require the following purchaser identification for all regulated transactions. **Fully completed, this form will also serve as a DEA signature card for List 2 Chemicals and will be valid for 1 year.**

Privacy Statement: Any 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 ChemAssociates or Post Apple Scientific, Inc. in any form, but must be disclosed to law enforcement personnel upon lawful request.

PURCHASER-SUPPLIED INFORMATION: [Please Complete Legibly]

1.) AUTHORIZED PURCHASER(S)

PRINT NAME	SIGNATURE	TITLE
_____	_____	_____
PRINT NAME	SIGNATURE	TITLE
_____	_____	_____
PRINT NAME	SIGNATURE	TITLE
_____	_____	_____

AUTHORIZATION NOTES OR RESTRICTIONS: _____

2.) PLEASE PROVIDE ANY TWO (2) FORMS OF IDENTIFICATION FROM THE FOLLOWING LIST

Federal Tax ID # Seller's Permit ID # City or County Business License # DEA Certificate # Driver's License # Other ID Issued by Any State

ID# 1: Type/Issued by _____ **Number** _____ **Expires** _____

ID# 2: Type/Issued by _____ **Number** _____ **Expires** _____

If Driver's License/State ID used above: Name _____ **State** _____

3.) INTENDED USE: (Please be specific. Trade Secrets need not be disclosed)

4.) I hereby designate and authorize the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of the purchaser identification.

Purchasing Company Official:

PRINT NAME	SIGNATURE	TITLE
_____	_____	_____

PLEASE FAX COMPLETED FORM TO: (814) 725-9696