



DEA/DOJ Customer Form 7.1-02

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Revision Level: A
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Table with 2 columns: Prepared by/Reviewed/approved by and Date. Rows for Danielle Mendoza and Mike Miles.

Customer #, Order#, Miles Chemical Rep. fields with sub-fields for Company Name, Address 1, Address 2, City, State, Zip, (Billing), and (Shipping).

Purchaser Supplied Information

Dear Valued Customer: In order to comply with California Health & Safety Code Sections 11100-11107.1, DEA List 1 and List 2 Chemical regulated transactions Miles is required to obtain the follow purchaser identification information.

I. AUTHORIZED PURCHASER(S)

Three rows of fields for authorized purchaser information: (Print Name), (Signature), and (Title).

II. FORM OF IDENTIFICATION: Please provide any 2 forms of ID from the following list.

Federal Tax I.D. # • Seller's Permit ID# • City or County Business License # • Cal. Dept. of Health Services License # • DEA Certificate # • Cal. Dept. of Justice Precursor Permit # • Driver's License # • Other ID issued by Any State.

(*Privacy Notice: 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 information.)

ID # 1: Type/Issued by: Number: Exp. Date
ID # 2: Type/Issued by: Number: Exp. Date

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

Three horizontal lines for intended use information.

IV. MANAGEMENT APPROVAL: I am authorized by the above company to designate authorize Purchasing Agents. I hereby designate the above Authorized Purchasing Agent(s) and affix my signature as witness to the validity of those Purchasing Agents' Identification.

Signature line with fields for (Print Name), (Signature), Title, and Date.

*Note: Completed Form and Signature is Valid 1 year from date signed.