

DEA AUTHORIZED BUYER FORM

Customer No. : _____

1. Customer:** _____
Address: ** _____

If your address has changed please contact our office.

2. Please print or type each buyer's full name (first, initial, last) in the left hand column and have the buyer(s) sign and date in the right column.

Print or Type Buyer's Name **	**<u>Signature and Date required</u>

3. Please indicate which chemicals will be purchased:** _____

4. Please indicate if you buy List I chemicals for resale: Yes No
If Yes please provide your DEA Registration Number: _____

5. What is the intended use for the chemical purchased: (list mixing/recipe)** _____

(A process name will not work be very specific on line 5 please use your mixing formula and usage directions.)

6. **Please also send copy of a current photo ID Scanned via e-mail.****
An acceptable ID is a driver's license containing a picture and current address. The Photo ID's must be scanned and emailed to us at formulary@blackfoot.net a faxed id's are not acceptable under any circumstances as they are not readable with all the holograms and only cause delays in the order as we then have to contact you again and wait for the emailed or snail mailed (by the US postal service) one to arrive.

7. Without complete information we can't process your order, all items with the double ** must be filled out.

FAX WITHOUT COVER SHEET TO:

Photographers' Formulary, Inc.
Order Office
Fax (406) 754-2896

OR MAIL TO:

Photographers' Formulary, Inc.
Order Office
PO Box 950
Condon, MT 59826-0950

All ** asterisked items are required and must be completed before your order will be processed.**