

Please fill out all fields and fax to:

Gallipot®, Inc. • Attention: Website Log-In • Fax: (800) 339-1596 or (651) 681-9001 • Phone: (800) 423-6967

1. PLEASE FAX THE FOLLOWING ALONG WITH THIS FORM:

- 1). A **LEGIBLE** COPY OF YOUR DEA CERTIFICATE (If applicable)
- 2). A **LEGIBLE** COPY OF YOUR PHARMACY LICENSE

2. SHIPPING INFORMATION (Please Print)

Pharmacy Name: _____

Owner Name: _____

Account Number: _____ Pharmacist in Charge Name: _____

Pharmacy Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

DEA Number: _____

E-Mail Address: _____

3. BILLING INFORMATION (Please Print)

Check if same as above

Name: _____

Contact Name: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

*** Please allow 1 business day for verification and processing. Upon completion you will be issued a username and password, which will be sent to your above e-mail address.**

Gallipot® makes no representation or warranty, expressed or implied, as to its material, except that same is of the quality and grade specified. Buyer warrants that it is responsible for using all chemicals, materials and equipment purchased from Gallipot® in compliance with all applicable federal, state and local laws and regulations.

*****WEBSITE PRICES SUBJECT TO CHANGE WITHOUT NOTICE*****

4. SIGNATURE

Authorizing to process the above information.

SIGNATURE (Required to process application)

DATE