



Authorized Purchasing Agent Proof of Identity Form

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Authorized Purchasing Agent's Name (please print):

Title: _____

I certify by affixing my signature below that I am authorized to purchase List I products on behalf of this Company for use at the address listed above.

Signature

Date

Mail, Email or Fax to:

EDM3 Solutions
Regulatory Affairs
3611 St. Johns Bluff Rd. S. Ste 1
Jacksonville, FL 32224
Ph: 904-996-7758
Fax: **904-996-7078**
Email: customerservice@edmtree.com

EDM3 Use Only

Business Verified By: _____