

**222 Request Form**

<b>CUSTOMER INFORMATION</b>	
Company Name	
Customer Name	
Email Address	Phone
Mailing Address	
City, State, Zip	

<b>222 FORM : CONTACT DETAILS TO APPEAR</b> <small>*Please Fill out Even if Customer Information is Identical</small>	
Contact Name	
Company	
Address	
City, State, Zip	
Date Samples Will Ship	DEA Registration #
Sample Type (Drug Name)	
Number of Containers	Maximum Amount Of Grams Per Container:

<b>NOTES</b>

<b>SIGN &amp; DATE</b>	
Please Submit this form with a copy of your DEA Registration via Email to <a href="mailto:micronanalytical@compuserve.com">micronanalytical@compuserve.com</a> or Fax: 302-998-1836	
SIGN:	DATE: