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

* This document is valid for 1 year from the signing 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@edmthree.com
EDM3 Use Only

Business Verified By: _____