

DEA FORM-222

CUSTOMER INFORMATION	REGISTRATION INFORMATION	SUPPLIER DEA NUMBER
XYZ Pharmacy LLC.	REGISTRATION: ABC45455	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
NY, US	REGISTERED AS: PHARMACY	TO BE FILLED BY PURCHASER
	ORDER FORM NO:1023902003	BUSINESS NAME <u>CPTL Corp</u>
	DATE ISSUED: 12282022	STREET ADDRESS <u>40<sup>th</sup> Avenue</u>
	ORDER FORM: 1 OF 2	CITY, STATE, ZIP CODE <u>Tx - 77042</u>

<b>TO BE FILLED IN BY PURCHASER</b>  POINT OF CONTACT NAME <u>AW Pharma</u>  <u>[Signature]</u> <u>12/28/22</u> SIGNATURE OF REQUESTING OFFICIAL      DATE  (must be authorized to sign order form)	<b>TO BE FILLED IN BY PURCHASER</b>	<b>ALTERNATE SUPPLIER IDENTIFICATION</b>  ALTERNATE DEA <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 150px; height: 30px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>  SIGNATURE- by first supplier _____  Date _____ Official Stamp & Signature _____								

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