

CUSTOMER INFORMATION	REGISTRATION INFORMATION	SUPPLIER DEA NUMBER
XYZ Pharmacy LLC.	REGISTRATION: ABC45455	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>
NY, US	RAGISTERED AS: PHARMACY	TO BE FILLED BY PURCHASER
	ORDER FORM NO:1023902003	BUSINESS NAME <u>Newer Pharma</u>
	DATE ISSUED: 12282022	STREET ADDRESS <u>63, Canal Street</u>
	ORDER FORM: 1 OF 2	CITY, STATE, ZIP CODE <u>Century, MA, 01502</u>

<b>TO BE FILLED IN BY PURCHASER</b>		<b>TO BE FILLED IN BY PURCHASER</b>		<b>ALTERNATE SUPPLIER IDENTIFICATION</b>											
POINT OF CONTACT NAME <u>Paul Annacone</u>				ALTERNATE DEA <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
<u>Paul</u>		<u>11/10/22</u>		SIGNATURE- by first supplier											
SIGNATURE OF REQUESTING OFFICIAL		DATE		Date _____ Official Stamp & Signature _____											
(must be authorized to sign order form)															

[illegible]

## CUSTOMER INFORMATION

NY, US

## REGISTRATION INFORMATION

REGISTERED AS: PHARMACY

DATE ISSUED: 12282022

ORDER FORM: 1 OF 2

## SUPPLIER DEA NUMBER

TO BE FILLED BY PURCHASER

BUSINESS NAME Newer Pharma

STREET ADDRESS 63, Canal Street

CITY, STATE, ZIP CODE Century, MA 01502

TO BE FILLED IN BY PURCHASER

POINT OF CONTACT NAME Karl Brown

Kevin Brown      12/22/22

SIGNATURE OF REQUESTING OFFICIAL

DATE \_\_\_\_\_

(must be authorized to sign order form)

TO BE FILLED  
IN BY  
PURCHASER

## ALTERNATE SUPPLIER IDENTIFICATION

ALTERNATE DEA

SIGNATURE- by first supplier

Date \_\_\_\_\_ Official Stamp & Signature \_\_\_\_\_

[illegible]