



Authorized Purchasing Signature letter

Upon completion, please return the form via email to customerservice@riccachemical.com.

Please indicate below the name(s) of everyone "authorized" by your company to purchase these chemicals:

_____	_____
Name	Signature
_____	_____
Name	Signature
_____	_____
Name	Signature

Company Name: _____

Street Address: _____

City, State, Zip: _____

Company Phone Number: _____

Company website address: _____

Type of business: _____

Please indicate which type of chemicals will be purchased (circle one or both): List I List II

Please indicate if you buy List I chemicals for resale (circle one): Yes No N/A

If **Yes**, see table which follows. If **No**, skip to bottom and complete the authorization.

Required for List I chemicals if purchased for resale.
Please provide DEA Registration number: _____
Please provide Ricca Chemical Company with a copy of your current DEA registration certificate.

Name and Title of person authorized to complete this form (VP, Director, Manager, Supervisor, etc):

Name: (print or type) _____

Signature: _____

Title: _____

Date: _____