



### VASOPRO IDENTIFICATION REQUIREMENT

This form must be filled out for first time Vasopro customers. Once we have your form and copy of Driver License on file, you will not be required to re-submit the form for future orders unless regulations change. Due to government regulations, and the Combat Meth Act 2005, Federal law requires all first time buyers of Vasopro to fill out this form. Any information missing, your order cannot be processed. Please fax to: 626-363-9834

I, \_\_\_\_\_, hereby authorize VitaminDeal.com to process and charge my credit card for the purchase. I certify that I am 18 years of age or older.

Cardholder's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Please attach a copy of your Driver License or State ID Card here.

As the credit card holder, I certify that I am 18 years of age or older. By completing this form you are acknowledging that information you supplied is correct.

\_\_\_\_\_  
**Cardholder's Signature**

\_\_\_\_\_  
**Date**