## DRUG ENFORCEMENT ADMINISTRATION (DEA) MAIL ORDER REPORT

Company Name, Address, Point of Contact and Telephone Number

	COMPA	NY INFOR	RMATION	PRODUCT INFORMATION									PURCHASER INFORMATION							SHIP TO INFORMATION						
			DEA																							
F	Record	Trans.	Registration	Product		Chemical	Dosage	Dosage	Package	No. of	Lot	First	Last				State	Zip	First	Last				State	_ip Da	ate of
N	lumber	Type	Number	ID	Product Name	Code	Form	Strength	Size	Pkgs.	Number	Name	Name	Address 1	Address 2	City	Code	Code	Name	Name	Address 1	Address 2	City	Code C	ode Shir	ipment