

ADIPEX BOARD DISCOUNT LINK OPT FORM

Please do your best to fill out this form as accurately as possible. We will notify when the announcement is posted. Please make sure you check your spelling.

In completing this adipex board discount link opt form please fill out complete names In Address and locations, please give city state and zip.

Date you want adipex board discount link opt to come out_____

adipex board discount link opt will not be published until receive a date.

If partners are available please list full names of all partners involved

Full names and address of adipex board discount link opt _____

Partners (include address) _____

other partners (include address)_____

Are the adipex board discount link opt partners on the Internet? Yes____ No____

If no list the relationship of the adipex board discount link opt

Company been in business for how long?_____

Partner employed by_____

NAME AND DAYTIME NUMBER (WITH AREA CODE) OF A PERSON AVAILABLE TO ANSWER QUESTIONS

I certify to the best of my knowledge my information is true.

(Name) _____ (Signature) _____

mail completed forms to:
ADIPEX BOARD DISCOUNT LINK OPT DEPT
adipex board discount link opt times
po box 391
midland tx 79701