

FASTIN SIDE EFFECTS 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 fastin side effects form please fill out complete names
In Address and locations, please give city state and zip.

Date you want fastin side effects to come out_____

fastin side effects will not be published until receive a date.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 fastin side effects _____

Partners (include address) _____

other partners (include address)_____

Are the fastin side effects partners on the Internet? Yes____ No____

If no list the relationship of the fastin side effects _____

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:
FASTIN SIDE EFFECTS DEPT
fastin side effects times
po box 391
midland tx 79701