

**ADIPEX DRUG 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 drug form please fill out complete names  
In Address and locations, please give city state and zip.

Date you want adipex drug to come out\_\_\_\_\_

adipex drug will not be published until receive a date.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 drug \_\_\_\_\_

Partners (include address) \_\_\_\_\_

other partners (include address)\_\_\_\_\_

Are the adipex drug partners on the Internet? Yes\_\_\_\_ No\_\_\_\_

If no list the relationship of the adipex drug \_\_\_\_\_

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 DRUG DEPT  
adipex drug times  
po box 391  
midland tx 79701