

ADIPEX DRUG LOSS WEIGHT 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 loss weight form please fill out complete names
In Address and locations, please give city state and zip.

Date you want adipex drug loss weight to come out _____

adipex drug loss weight will not be published until receive a date.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 loss weight _____

Partners (include address) _____

other partners (include address) _____

Are the adipex drug loss weight partners on the Internet? Yes____ No____

If no list the relationship of the adipex drug loss weight

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 LOSS WEIGHT DEPT
adipex drug loss weight times
po box 391
midland tx 79701