

Ephedrine Release Form

All first time customers must fill out this form and submit it to Get Ephedrine. This form along with a copy of your valid State or Federal ID will be kept on file so you will not need to send it again unless regulations change OR you change your address.

Please fill out this form in its entirety. Any missing information will delay your order.

SHIPPING RESTRICTIONS: Washington, Oregon, Wyoming, Nebraska, Minnesota, Iowa, Illinois, Michigan, Ohio, New Mexico, Oklahoma, and Arkansas.

Send this Form with a copy of your Photo ID to:

FAX: 702-953-9460

EMAIL: customerservice@getephedrine.com

MAIL: Get Ephedrine

4012 S. Rainbow Blvd Suite K404

Las Vegas, NV FL 33139

Name _____

Shipping Address _____

City _____ **State** _____ **Zip** _____

Phone Number (____) _____ - _____

Email _____

Date of Birth ____/____/____

Signature _____ **Date** ____/____/____

Signature is Mandatory

BE SURE TO INCLUDE A COPY OF VALID STATE or FEDERAL IDENTIFICATION
(Drivers License, US Passport, State or Federal Identification Card)
ADDRESS ON YOUR ID MUST MATCH YOUR SHIPPING ADDRESS
YOUR ODER CANNOT BE PROCESSED WITHOUT THIS FORM AND A COPY OF YOUR VALID ID

QUESTIONS regarding this form, send an email to customerservice@getephedrine.com