

Ephedrine Registration Form

If you have any questions with this form, please call 215-620-7776 or email to supervita@comcast.net Monday-Friday, 10:00 am - 4:00 pm EST

Ephedrine hcl Order Requirements

This form must be filled out for Ephedrine hcl customers. After this form has been received by Supervita.com and it is on file, you won't be required to submit again unless regulations change. Please fill out this form in its entirety. If any information is missing, your order cannot be processed.

Please choose one of the following to submit this form.

Fax: (267) 282-5356

Email: supervita@comcast.net. Scan (with READABLE Drivers License attached)

Mail: This form to Supervita.com E-Registration
P.O Box 2984, Warminster, Pa 18974-3744

Name _____

Current Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____

Phone Number _____

Email Address _____

Signature _____ Date _____

(Signature is mandatory)

**Please tape or glue a copy of your Driver's
License/State ID card here.
(Must match your current address and be readable)**

The personal information you provide is for our internal use only. Your information will be kept absolutely confidential and handled responsibly. It will not be given, sold or lend to any third-party organizations.