



379 Van Ness Avenue, Suite 1403
Torrance, CA 90501

NEW ACCOUNT REQUEST FORM

To set up an account with Enovachem Pharmaceuticals, please fill this form out completely and include a legible copy of your applicable state medical/pharmacy/drug wholesale license and DEA registration. Due to our detailed and thorough registration process, it may take approximately 48 hours for us to set-up your account.

Email completed form to orders@enovachem.us.com or Fax to: 310-356-3843.

For questions, please call customer service at 310-320-0100

ACCOUNT INFORMATION

Facility Name

Address (Street, Suite #, City, State and Zip)

Telephone Number

Fax Number

Email Address

Name as it appears on license (for Pharmacies and Wholesalers also include the name of the responsible person)

State License Number and Expiration Date

CONTACT INFORMATION (if different from above)

Name

Telephone Number

Email Address

Terms – Please Read, Sign and Date the Following Statement

By signing below, Applicant (1) represents and certifies that all information in this Application is complete and accurate, (2) understands that, even if approved, continued service remains subject to compliance with Enovachem Pharmaceuticals policies which may be amended from time to time, and Applicant may be required to regularly certify its compliance with such policies. Notwithstanding any other agreements between the Applicant and Enovachem Pharmaceuticals, if any information in this Application is either incomplete or inaccurate, or if the Application is not in compliance or fails to certify compliance, Enovachem Pharmaceuticals may immediately suspend distribution of controlled substances and/or all pharmaceutical and healthcare products to Applicant.

Signature: _____

Date: _____