The Code of Federal Regulations, 21 CFR Part 1301.74(b) requires distributors of controlled substances to design and operate a system to identify suspicious orders. Suspicious orders may include those of unusual size, deviating substantially from normal historical pattern, and/or orders of unusual frequency. The following “New Customer Application Form” allows Vortech to obtain the necessary data to reasonably review your controlled substance activities and to assist you in protecting your interests as well. It must be completed and reviewed before an account can be created.

I. INFORMATION

D.E.A. Registration Number:          D.E.A .Registration Name :
Responsible Individual:

DEA Address (Ship to):
Bill to Address:
Phone Number:      Fax Number:
Contact E-mail:

II. PROVIDE COPY OF STATE & DEA LICENSE (Circle One) Y or N

iii. DUE DILIGENCE

1. Is any person other than the DEA registrant authorized to sign D.E.A. 222 forms for the registrant? If yes, please provide the printed names and a copy of a properly executed power of attorney granting this authorization. (Circle Y or N)
   Name of Agent(s):
2. How many Fatal-Plus bottles (250mL) will you be normally ordering (min.2)?
3. How often do you think you will be ordering?
4. How many practitioners are at the practice?
5. What type of practice/facility is it? (By percent- total should be a 100)

<table>
<thead>
<tr>
<th>Companion:</th>
<th>Equine:</th>
<th>Hum. Soc.:</th>
<th>City Shelter:</th>
<th>Other:</th>
</tr>
</thead>
</table>

6. Type of Practice:
   Traditional Clinic □ Emergency Clinic □ Mobile□ Research □ Other □

I attest that the information provided in the above “Customer Application Form” is true to the best of my knowledge.

______________________________  __________________________  __________________________
DEA Registrant Signature         Date:                     Printed Name of Registrant    2/16