



## WALLCUR PRODUCTS PURCHASE AUTHORIZATION FORM

Business/School Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Purchaser:  Educational Institution  Educator  Student  Other Instructor/Trainer

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Check here if this authorization form is applicable to multiple shipping addresses or campuses. Please list ALL applicable addresses or attach appropriate documentation including the address and account number.

All information must be complete to add additional locations.

Campus	Address	Account Number

Please E-mail form and additional documentation to [regulatory\\_affairs@vwr.com](mailto:regulatory_affairs@vwr.com) or Fax to: 484-881-5984  
This Wallcur Product Authorization Form will expire 2 years from the date of signature.

**ACKNOWLEDGED AND AGREED TO BY:**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

