



# WALLCUR PRODUCTS PURCHASE AUTHORIZATION FORM

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

Ship to Account Number: \_\_\_\_\_

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

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

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

Wallcur products are sold for instructional purposes only and are not intended for human or animal use. By purchasing Wallcur products you acknowledge and agree that you will use Wallcur's products for instructional purposes only, and will not apply, inject, ingest, or otherwise use Wallcur's products on humans or animals. To use them otherwise is outside the scope and purpose for which they are intended, and may be harmful to your health or the health of others.

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** 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: \_\_\_\_\_