



**Pharmaceuticals**  
Your unmatched distribution channel

## *Nithiodote Purchase Request Form*

*In order to purchase the Nithiodote we must have this form filled completed by the party responsible for the product. Please fill in your information below and fax to: 949.699.2769.  
Any questions please call one of our Product Specialists at: 877.226.2266*

**Business Name:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

**Bill to Same as Ship to address** \_\_\_ yes \_\_\_ no if different explain: \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**Industry Type:** \_\_\_\_\_ **Number of kits requested:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

**Type of Business:** \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ Other \_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\* When ordering for industrial or poison control facility please note to check the appropriate box above\*\*\***

**Please define your business operation (check only one)**

\_\_\_ Hospital or Hospital Pharmacy \_\_\_ Surgery Center \_\_\_ EMS (Emergency Medical Services)  
\_\_\_ Retail Chain or Grocery \_\_\_ Urologist \_\_\_ Retail Pharmacy \_\_\_ Research Facility or University  
\_\_\_ Industrial (Poison Control Products Only) \_\_\_ Distributor (if so do you export: yes or no)

**\*\*\*Any questions about the proper forms needed call an ABO Product Specialist @ 877-226-2266\*\*\***

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