

Here I have a Pro Filler Capsil filler for sale. I used to two times to fill pellets with Japanese knotweed. You can see some of the powder still on the machine. You can see the box it came in below. I bought it at the Capsule connection howard@capsuleconnection.com. [Torpac - ProFiller 1000 Hand-Held Capsule Filling System](#)







PRIORITY CREDIT/DEBIT CARD ORDER FORM

Attn.: Donald Perry
Company:

Tel: 201-991-7896
Email:
chimneyengineering@gmail.com

Qty	Description	Pack	Price US\$	Total US\$
1	00 ProFiller 1100			1026.00
	Credit/Debit card convenience fee			30.00
<i>Thank You For Your Order !</i>	Shipping & Handling Extra.	UPS Ground: (L)	Subtotal	\$ 1056.00
	Ship Other: _____	UPS Zone: _____	Shipping & Handling	32.00
	Estimated Weight (lbs): _____	H: _____	Grand Total	\$ 1088.00

Returns:

No returns please.

Product Use Limitation and Warranty:

Capsules should only be used for medical purposes after consultation with a licensed medical professional only I make no warranty of any kind, expressed or implied, including merchantability or fitness for any particular purpose, except that the products sold will meet my specifications at the time of shipment. By acceptance of the product, Buyer indemnifies and holds donald perry harmless against, and assumes all liability for the consequence of its use or misuse by the Buyer, its employees or others, including, but not limited to the cost of handling. Said refunds or replacement is conditioned on Buyer notifying Donald Perry within thirty (30) days of receipt of product. Failure of Buyer to give said notice with said thirty (30) days shall constitute a waiver by the Buyer of all claims hereunder with respect to said material(s).

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Fill Out Only For Purchases By An Individual
DEA Individual Verification

Please return this page via fax or as a scan with:

A) Identification

1. Government ID: a copy of your Driver's License, Passport or other Government Issued ID. Driver's License without photograph is acceptable but must be signed and valid. All other Government IDs must include photograph, signature, and be valid if there is an expiry date.

2. Additional Signed ID: A copy of one additional form of signed identification e.g. social security card, credit card (both sides), or one additional ID listed under point 1. Must have name, be signed and valid if there is an expiry date.

Please enlarge and lighten photocopies so they are legible after faxing or scanning & printing.

B. Buyer or Ship To Address match on at least one ID used.

Ship to address must match one ID (Can be Non-Government ID includes utility bill*, bank or credit card statement*, telephone directory listing.)

* Financial information can be masked or covered. Bills or statements should show utility, bank or credit card company name & address and your name and ship to address.

C. Please answer ALL questions below:

1) Machine will be used at the address shipped to: ☒ Yes; () No - please explain below.

2) Machine will be used please read complete list and select applicable categories

Medical: () in pharmacy compounding; () hospital; () medical doctor/clinic; () veterinary clinic
Scientific: () pharmaceutical or R&D lab; () clinical trials

Commercial: () pharmaceutical manufacturing () natural/alternative medicine clinic; () nutritional supplements/herbal

Other: Only use "other" if the general categories above do not cover your intended use.

Other describe: _____

D) Not Applicable

E) US Customers Only:

☒ Machine is intended for use within USA; () Machine is intended for use outside USA.

F. Certification & Signature

Please print your name, sign, date, and provide your telephone number and e-mail address below:

I certify that if this machine is used with controlled substances including narcotics, marijuana, cannabis, hemp, etc. any necessary licenses, if required, will be obtained and we will comply with applicable laws in the jurisdiction of use.

Name (Printed):

Signature

Date

Telephone Number:

E-mail:

Remember to Attach Copies of Your Identification

