

## New Account Application

### SECTION 1. ACCOUNT TYPE – Please check the appropriate box below and complete the sections below.

- Individual Account  
 Corporation

**All fields are required unless otherwise stated.  
 An incomplete application will delay processing.**

### SECTION 2. INDIVIDUAL OR CORPORATION ACCOUNT – For healthcare professionals only.

Account Holder Name			DBA (if applicable)		
Practitioner Type			Type of Business (eg. chiropractic office, anti-aging center, etc)		
State/Licensed			Website (if applicable)		
License Number			Email Address (if applicable)		
Business Mailing Address			Shipping Address <input type="checkbox"/> Business <input type="checkbox"/> Residence		
City	State	Zip code	City	State	Zip code
Business Phone Number			Referred by:		
Business Fax Number			<b>Please include a copy of your healthcare license/certificate (required to open an account).</b>		

### SECTION 3. SIGNATURE AND DATE – Must be signed and dated for account application to be processed. Please fax to (866) 875-6313.

(Signature)	(Title)	(Date)