



New Account Form

First Name: Date: / /

Last Name: Credentials:

Business Name:

License # or copy of diploma:

Business license or tax Id #:

What college did you graduate from:

Shipping Address:

Phone: Email: Website:

Fax: Facebook:

How did you hear about us:

What products are you interested in:

Do you plan on selling our products online? If yes, where?

What are your medical specialties/interests:

Do you carry other supplements in your office, if so what brands:

What are your top three most prescribed supplements:

On average how many supplements do you carry/use:

How many patients on average do you see in a week:

Are you interested in personalized product training with our education team:

Who is the owner of your company, business manager, and who handles ordering/product inventory:

Do you have a store, clinic, pharmacy business or any of these types of business's combined or is this a personal use account:

Do you use Emerson Ecologics, Fullscript, MeyerDC, or another distributor? If so which one?

Signature: Date: / /

Thank you for your information!