

**Nutrition Pure and Simple**

Professional Account Form (fill out applicable information)

Fax information to: 1 888 953 5553

License Holder's Name \_\_\_\_\_ Type Professional License \_\_\_\_\_

License Number \_\_\_\_\_ Issued by (State): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Tax ID (Resale) Number \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**Ship To Information:**

Clinic or Business \_\_\_\_\_ or Doctor Name \_\_\_\_\_

Shipping Address \_\_\_\_\_ Contact Person's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

Web address \_\_\_\_\_

Is this a commercial or Residential location?  Commercial  Residential

Office Hours: Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Sales Information (Optional)**

How did you hear about Nutrition Pure and Simple? \_\_\_\_\_

What are the top 3 conditions you treat in your practice? \_\_\_\_\_

What are the most common types of supplements you recommend or provide to your patients? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For your convenience we also offer a 25% commission on retail sales when you suggest that your patient or client order from use directly. It is only necessary that we know that you referred them on the initial order. After that they can call our toll free number directly, or order from the web store. I send you a copy of their order immediately.

**Please let me know if we can be of assistance in your practice.**

*These statements have not been evaluated by the Food and Drug Administration.  
The products are not intended to diagnose, treat, cure, or prevent any disease*



Toll Free Phone/Fax: 888 953 5553 [www.nutritionpureandsimple.com](http://www.nutritionpureandsimple.com)