



New Account Application Canada

Name of Licensed Practitioner: _____ Professional Title: _____

Province of Issued License: _____

License Number: _____ Expiration Date: _____

Practice Location

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Billing Address (if different from above)

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Contact Information

Name of Primary Contact: _____

Primary Telephone Number: () _____ Fax Number: () _____

Email Address: _____

Would you like to receive email updates from XYMOGEN?: YES _____ NO _____

Website: _____

Preferred Payment Method

Type of Credit Card: VISA MasterCard American Express Discover COD

Credit Card Number: _____ Expiration Date: _____

Additional Information

Whom can we thank for referring you? _____

Please name the three most common conditions you treat: _____

Which brands do you currently carry in your practice? _____

Any additional comments/ requests? _____

PLEASE NOTE:

To avoid any unnecessary delays in our review process before opening an account, we require all documents listed below. The Customer Protection Agreement must be signed, dated, and filled out in its entirety. Any missing documents will delay your wholesale account from being established. Please contact the New Accounts Department if you have any questions.

- New Account Application
- Customer Protection Agreement
- Copy of Current Business License and/or Resale Certificate

Your account confirmation will be sent via **e-mail** within 1 to 2 business days, and your XYMOGEN Welcome Packet will arrive by standard mail.