



New Account Application United States

Name of Licensed Practitioner: _____ Professional Title: _____

State of Issued License: _____

License Number: _____ Expiration Date: _____

Practice Location

Street Address: _____

City: _____

State: _____ Zip Code: _____

Billing Address (if different from above)

Street Address: _____

City: _____

State: _____ Zip Code: _____

Contact Information

Name of Primary Contact: _____

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

Email Address: _____

May we send you special offers via e-mail?: YES _____ NO _____

Website: _____

Preferred Payment Method

Type of Credit Card: VISA MasterCard American Express Discover COD

Credit Card Number: _____ Expiration Date: _____

Additional Information

Whom do 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
- No Internet Sales Policy

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.