apexenergetics™

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New Account Application

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

☐ **Individual Account – Please complete Sections 2, 5 (if applicable), 6, and 7.**
☐ **Corporation – Please complete Sections 3, 5 (if applicable), 6, and 7.**
☐ **Student Account – Please complete Sections 4, 6, and 7.**

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

How do you plan on using our product? ☐ For Personal Use ☐ For Your Practice ☐ Both

Are you currently in practice? ☐ Yes ☐ No

Are you utilizing nutritional supplements in your practice? ☐ Yes ☐ No

SECTION 2. INDIVIDUAL ACCOUNT – For recent graduates or healthcare professionals (Students, please fill out section 4.)

Account Holder Name			DBA (if applicable)		
Practitioner Type			Type of Business (eg, chiropractic office, pharmacy, etc)		
State Licensed/Certified			Website (if applicable)		
License Number/Specific Certificate Type (required)			E-mail Address (if applicable)		
Business Mailing Address			Shipping Address ☐ Business ☐ Residence		
City	State	Zip Code	City	State	Zip Code
Business Phone Number			**Referred by (required)**		
Business Fax Number (if applicable)			**Please include a copy of your healthcare license/certificate (required to open an account).**		

SECTION 3. CORPORATION

Business Name			Type of Business (eg, chiropractic office, pharmacy, etc)		
DBA (if applicable)			Tax ID #		
Business Mailing Address			Shipping Address ☐ Business ☐ Residence		
City	State	Zip Code	City	State	Zip Code
Business Phone Number			Business Fax Number (if applicable)		
Business E-mail Address (if applicable)			Business Website (if applicable)		
Name of Principal/Owner			Name of Additional Principal/Owner (if applicable)		
Name of Practitioner ☐ Officer ☐ Employee			Name of Additional Practitioner (if applicable) ☐ Officer ☐ Employee		

Practitioner Type		Practitioner Type (if applicable)
State Licensed/Certified		State Licensed/Certified (if applicable)
License Number/Specific Certificate Type (required)		License Number/Specific Certificate Type (if applicable)
Number of Licensed Employees	Number of Unlicensed Employees	**Referred by (required)**

Please include a copy of the license or certificate for each practitioner (required to open an account).

SECTION 4. STUDENT ACCOUNT – Please complete this section if you are a current full-time student

Are you currently practicing as a healthcare professional? **If yes, please fill out either section 2 or 3, whichever is more applicable.**			Name of School
Student Account Holder Name			School Phone Number
Residential Mailing/Shipping Address			Program Name
City	State	Zip Code	Program Length
Phone Number			Estimated Date of Completion (Month/Year)
☐ Fax Number (if applicable) ☐ Cell Phone Number (if applicable)			For License or Certificate (required)
E-mail Address (if applicable)			State of Future License/Certificate
Referred by (required)			**Please include a copy of your student ID or transcripts (required to open an account).**

SECTION 5. SELLER'S PERMIT

If nontaxable, **please complete a Resale Certificate and submit it with your application.**

Seller's Permit #: _____

SECTION 6. COMMUNICATIONS

Where would you like seminar and product communications sent? Please select one.

☐ Business Mailing Address ☐ Shipping Address ☐ E-mail Address

Would you like to schedule:

a) A call with one of our practice integration representatives ☐ Yes ☐ No

b) An office visit with one of our sales representatives ☐ Yes ☐ No

SECTION 7. SIGNATURE AND DATE – Must be signed and dated for account application to be processed. Please fax to (888) 286-1676 or email to aeregistration@apexenergetics.com.

_____ _____ _____

(Signature) (Title) (Date)