

New Account Application

All required fields are marked with (*). An incomplete application will delay processing.

How did you hear about us?*

How do you plan on using our product?*

Practice Use	Personal Use	Both
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Are you currently in a Functional Medicine/Nutritionally-Focused practice?*

Yes	No
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CONTACT INFORMATION (For Healthcare Professional or Student)

Account Holder Name*

Title(s)

Mailing/Billing Address*

City* State* Zip* Business Residence

If shipping address is same as mailing/billing address, skip Shipping Address.

Shipping Address

City State Zip

Phone*

Business	Mobile
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Fax

E-mail*

Website

Will you be selling Apex Energetics products through this website?

Yes	No
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ACCOUNT TYPE

Type of Business (if applicable) (eg, medical office, chiropractic office, etc)

DBA (if applicable)

Select one of the following options and complete the corresponding section.*

Corporation or other Legal Entity - Fill License section below & Corporation section on next page.

Individual Practitioner – Fill License section below

Full Time Student – Fill Student section on next page

LICENSE & CERTIFICATE

Practitioner Type*

State of License/Certification*

License Number/Specific Certificate Type*

CORPORATION OR OTHER LEGAL ENTITY

Legal Business Name	Tax ID#*
Type of Legal Entity	State
Name of Principal/Owner (if different from primary contact)	
Name of Additional Practitioner	
Practice Type of Additional Practitioner	
License Number/Specific Certificate Type of Additional Practitioner	

FULL TIME STUDENT

Name of School*		
Program Name*	License Program	Certificate Program
Expected Graduation Date*	Future State of Practice*	

RESALE CERTIFICATE AND SELLER'S PERMIT

If nontaxable, please provide a Resale Certificate.

Seller's Permit Number

Would you like to schedule:

A call with one of our practice integration representatives?*	Yes	No
A visit with one of our sales representatives?*	Yes	No

AGREEMENT

Upon acceptance of this application, Customer will be provided with an Apex account under which he/she/it can purchase Apex Energetics products. By signing below, Customer agrees to the Apex Energetics [Customer Agreement](#) and [Vendor Distribution Policy](#).

SIGNATURE AND DATE

This form may be electronically signed. The undersigned agrees that the electronic signature below is the same as a handwritten signature for the purpose of validity, enforceability, and admissibility.

Signature	Title	Date
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Submit form with a copy of the following applicable documents.

- **Healthcare License/Certificate**
- **Resale Certificate**
- **Student ID**

Email: aeregistration@apexenergetics.com or Fax: (888) 286-1676