

# New Account Application

***Thank you for your interest in our products. We look forward to learning more about your business. Please assist us in creating a profile for you by providing us with the following information:***

Company Name \_\_\_\_\_

Principal Contact Name(s) \_\_\_\_\_ Title \_\_\_\_\_

Shipping Address \_\_\_\_\_

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

Billing Address (if different) \_\_\_\_\_

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

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Email \_\_\_\_\_

**What is the primary nature of your business at this location? (check more than one if applicable)**

Health Food Store  Pharmacy  Clinic / Practice  Sports Med  Mail Order  Ecommerce

Manufacturer  Export  Distributor  Other \_\_\_\_\_

**PRACTITIONER TYPE:**  MD  ND  DC  LAC  LMT  DPHARM  OTHER \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

What inspired you to pursue a wholesale account? \_\_\_\_\_

Do you have any additional questions or comments? \_\_\_\_\_

**Please fax or email a completed wholesale application with a copy of your business, resale, or professional license to (512) 371-6574, or [wholesale@magneticclay.com](mailto:wholesale@magneticclay.com). Verified wholesale accounts are normally established within 3-5 business days. Please contact our office directly with any questions.**