



New Account Application Form

Please print

Contact Information

Clinic name: _____

Practitioner name: _____ Designation: _____

Billing address: Street: _____ Unit: _____

City: _____ Province: _____ Postal code: _____

E-mail: _____

Phone: _____ Fax: _____

Shipping address (if different from above): Street: _____ Unit: _____

City: _____ Province: _____ Postal code: _____

Authorization

- Please notify me by business e-mail when education events, special products and exclusive media resources become available.
- Questions come from patients seeking help from Biological Medicine, Holistic Integrated Natural Medicine and Rubimed Therapists. Please add my business to the regional referral list.

Credit Card Authorization

- All order transactions are conducted by credit card. I authorize Biomed to use the credit card information that I will provide to the sales desk to process pre-authorization and payment for the orders that I request. The information I will provide is confidential and only to be used in processing order payments to my account.



102 - 3738 North Fraser Way, Burnaby, B.C. V5J 5G7
 Toll free: 1-800-665-8308
 Toll free fax: 1-866-881-2888
 Email: order@biomedicine.com
 www.biomedicine.com

Practitioner Certification

Certification must be sent to us by mail, fax or e-mail: **approvals@biomedicine.com** or fax **1-866-881-2888**

Please indicate how you heard about us by checking all that apply:

- Google/internet search _____
- Event - Which: _____
- Sales rep - Name: _____
- Advertisement - Where: _____
- E-mail _____
- Direct mail
- Referral/friend/practitioner

Referred by: _____

Other: _____

