



Seattle, Washington

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New Account Information Form

Practitioner Name _____

Company Name _____

Shipping Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email: _____

Credit Card # _____ Exp _____ Security Code _____
(3 or 4 digit code on back of card)

Type of Credit Card (Circle One) VISA MasterCard American Express Discover

Name on Credit Card _____

Number of bottles of Fruit Anthocyanins you would like to order _____
(Orders of 10 or more bottles receive a discount)

If you would like to order any of Dr. Mitchell's books, please indicate the name and quantity of the desired book(s):

Book Name _____ **Quantity** _____

Natural Health LLC supplies Dr. William Mitchell's Fruit Anthocyanins to licensed healthcare providers for direct resale to their patients. We do not support on-line sales of this product to the general public. If we become aware that the product is being sold on-line to the general public, we reserve the right to discontinue sales to you. Because of the perishability of the product, once received it should be continually stored in the freezer, where it can be stored for up to one year at optimal freshness. Your patient should also be instructed to continually store the product in the freezer or refrigerator. If you choose to mail this product to your patient, Natural Health LLC cannot be held liable for the freshness of the product. We do offer drop-shipment options and can ship our product directly to your patient for you. By signing up for this account you are acknowledging and agreeing to the statements on this application, and authorizing Natural Health LLC to charge your credit card for orders placed.

Authorized Signature _____ Date _____

In Order to Set Up a New Account:

- **WA State Practitioners:** Complete the New Account Information form and fax it along with a copy of your professional license and your WA state reseller permit. If you do not already have a reseller permit you can apply for one online at the www.dor.wa.gov or fill out and mail in the application, which is available via the link on the ordering page of our website.
- **Practitioners outside of WA State:** Fax the completed New Account Information form and a copy of your professional license.