

You must use Adobe Acrobat Reader to enable this form's digital signature and auto submit features. If you have Acrobat Reader, but are viewing this form in your web browser, open the form directly in Acrobat Reader. You can click [here](#) to download Acrobat Reader for free. You may also print, sign, and email or fax the completed form to Apex Energetics.

## 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

Are you currently in a Functional Medicine/Nutritionally-Focused practice?\*

Yes

No

### CONTACT INFORMATION (For Healthcare Professional or Student)

Business

Residence

Account Holder Name\*

Title(s)

Mailing/Billing Address\*

City\*

State\*

Zip\*

Country\*

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

Shipping Address

City

State

Zip

Phone\*

Business

Mobile

Fax

E-mail\*

Website

Will you be selling Apex Energetics products through this website?

Yes

No

### 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](mailto:aeregistration@apexenergetics.com) or Fax: (888) 286-1676