

**Application for Practitioner/
Wholesale Account**

14525 SW Millikan Way
Beaverton, Oregon 97005-2343

T 1-503-828-9066
F 1-503-828-9069
orders@biotanicalhealth.com

Practitioner Name -----
Clinic Name -----
Address -----
City -----
State / Region / County -----
Zip / Postal Code -----
Fax -----
Email -----
Phone -----
Website -----
Type of Practice -----

Please enter your billing details below so we can process orders via email.

Credit Card Type Visa / Mastercard

Credit Card Number -----

Expiry Date -----

Address for Card -----

3 Digit Security Code -----

City -----

State / Region / County -----

Zip / Postal Code -----

Signature -----

Date -----

Please attach a copy of your professional license, degree, or business license for verification of practitioner/wholesale status.

Fax or mail your registration to the above address.