



PO Box 1516  
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 Ogden, Utah 48801-3282  
 1-800-445-4647  
 fax - 801-621-8891

**SYSTEMIC FORMULAS NEW CUSTOMER FORM**

Business Name _____			
Best time to reach you? _____			
Customer # _____			Birthdate _____
Last Name _____	First Name _____	Title _____	
Billing Address _____			
City _____	State _____	Zip _____	
Shipping Address _____			
City _____	State _____	Zip _____	
Email Address _____			
Would you like to receive our on-line professional journal? (we do not share our mailing list) Yes ___ No ___			
Phone _____	Fax # _____	Cell # _____	
Tax ID # _____	Business Lic # _____		
Contact Person _____	Shipping Preferred UPS	UG	2nd day 3rd day other

Date _____	Date Credentials Faxed _____
(1) How did you learn about Systemic? _____	
(2) What school did you attend? _____	
(3) Number of years in practice _____	
(4) How do you test your clients/patients? Kinesiology _____ EDS _____ Questionnaire _____ Other _____	
(5) What additional Nutritional trainings have you participated in? _____	
(6) What nutritional companies do you use? SP _____ Metag _____ Nutri W _____ Others _____	
(7) How large is your facility _____ ft ( 8) # of Practitioners in your office _____ ( 9) # of office staff _____	
(10) Number of clients you see a week: _____	
(11) Annual Sales volume in nutritional supplements (Is that Wholesale _____ or Retail? _____)	
_____ 2 million or above	_____ \$2 - \$1 million
_____ \$100,000 - \$300,000	_____ \$50,000 - \$100,000
_____ \$25,000 - \$50,000	_____ \$10,000 - \$25,000
_____ \$10,000 or less	
(12) What conditions do you treat in your office? _____	

Please fax this form along with your credentials to Systemic Formulas Headquarters  
 Attn: Customer Service at 801-621-8891

Thank you for your interest in Systemic Formulas. We look forward to working with you.