



CinDen Nutritionals

# CANADA NEW ACCOUNT APPLICATION

Name of Licensed Health Care Professional: \_\_\_\_\_ Professional Title: \_\_\_\_\_

Province of Issued License/Certificate: \_\_\_\_\_ License/Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## PRACTICE/BUSINESS LOCATION

Practice/Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## BILLING ADDRESS *(If different from above)*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## CONTACT INFORMATION

Name of Primary Contact: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to subscribe to Cinden email communications? Yes  No

Website: \_\_\_\_\_

Will you be promoting Cinden products through this website? Yes  No

## PLEASE NOTE \*

All of the documents below are required before we can open your account. Please ensure that all required documents are signed, dated.

- New Account Application     Internet Sales Policy     Return Policy     Customer Protection Agreement

**E-MAIL COMPLETED FORM AT [infocindennutri@cinden.com](mailto:infocindennutri@cinden.com)**  
Your account confirmation will be sent via email within 2 to 3 business days.  
Please contact the New Accounts Department by email at [infocindennutri@cinden.com](mailto:infocindennutri@cinden.com) if you have any questions.

**PAYMENT METHOD: Credit Card.**

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