

Thank you for your interest in Theramedix BioSET professional strength line of products and the BioSET System! We look forward to working with you!!

The BioSET System is an elegant compilation of techniques and products carefully designed to restore proper function at the cellular level. It is unique because it incorporates many philosophies and techniques versus a single approach that sets us apart. These include the use of true nutritional and functional medicine, enzyme therapy, homeopathy, traditional Chinese medicine, chiropractic care, cranio sacral therapy, acupuncture and integrative medicine. The BioSET System surveys numerous subtle expressions of what the body is communicating to us via energy signatures rather than seeking a remedy based largely on symptoms. By investigating these subtle energy imbalances in the body, we can assess each client's individual needs, ReSET and ReEducate the body at the cellular level and recommend professional strength supplements that restore system balance.

One of the reasons The BioSET System is so effective is our amazing line of Theramedix BioSET enzymes and nutritional supplements. Theramedix BioSET is dedicated to providing healthcare practitioners and their clients with a premier line of plant derived professional strength enzymes. It is Theramedix BioSET's goal to provide well-researched and well-documented information to help educate as many people as possible on the benefits of enzymes for maintaining and promoting optimal health.

We have attached our Account Application and credit card authorization form. Additionally, please write legibly or type your information to expedite processing. Also attach a copy of your license, certificate, and/or any documentation showing completion of any healthcare practitioner training/class.

For security reasons information can be faxed to 561-424-9564.

If there is anything we can do, please let us know by calling 877-246-7381 or emailing us at [info@bioset.net](mailto:info@bioset.net)

We wish you much success,

The Theramedix BioSET team



# NEW | ACCOUNT APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_

## CORPORATE OFFICE PROCESSING

**\*\* CORPORATE USE \*\***

ACCT OPENED \_\_\_\_\_ TB EMPLOYEE \_\_\_\_\_ ACCT NUMBER **T | B** \_\_\_\_\_ FACTS \_\_\_\_\_  
DB PROCESS \_\_\_\_\_ E-FILE \_\_\_\_\_ W-EMAIL \_\_\_\_\_ T-MAIL \_\_\_\_\_

## ACCOUNT APPLICATION

### SECTION A | ACCOUNT TYPE

**PLEASE PRINT/TYPE ALL INFORMATION**

PRACTITIONER ACCOUNT \_\_\_\_\_  STUDENT ACCOUNT \_\_\_\_\_  SPONSOR'S NAME \_\_\_\_\_

### SECTION B | PRACTITIONER INFORMATION

PRACTITIONER FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
CREDENTIALS (LICENSES, DEGREES, CERTIFICATES) \_\_\_\_\_  
REFERRED BY? \_\_\_\_\_ METHOD OF TESTING:  IQS  AK (Applied Kinesiology)  OTHER: \_\_\_\_\_

### SECTION C | BILLING INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS 1 \_\_\_\_\_  
ADDRESS 2 (STE OR APT #) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE / PROVINCE \_\_\_\_\_ ZIP CODE OR POSTAL CODE \_\_\_\_\_  
COMPANY OR DBA NAME \_\_\_\_\_

### SECTION D | SHIPPING INFORMATION | ONLY LIST SHIPPING ADDRESS, IF DIFFERENT FROM BILLING

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
ADDRESS 1 \_\_\_\_\_  
ADDRESS 2 (STE OR APT #) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE / PROVINCE \_\_\_\_\_ ZIP CODE OR POSTAL CODE \_\_\_\_\_  
COMPANY OR DBA NAME \_\_\_\_\_



# NEW | ACCOUNT APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_

## SECTION E | COMMUNICATION INFORMATION

### CONTACT 1

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
OFFICE PHONE \_\_\_\_\_  
CELL \_\_\_\_\_  
HOME \_\_\_\_\_  
FAX \_\_\_\_\_

### CONTACT 2

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
EMAIL \_\_\_\_\_  
OFFICE PHONE \_\_\_\_\_  
CELL \_\_\_\_\_  
HOME \_\_\_\_\_  
FAX \_\_\_\_\_

PLACE AN "X" TO SELECT WHICH EMAIL ADDRESS TO SEND INFORMATION TO: CONTACT 1, CONTACT 2, OR BOTH.

INVOICES	CONTACT 1	CONTACT 2	BOTH	EDUCATIONAL INFORMATION	CONTACT 1	CONTACT 2	BOTH
PRODUCT INFORMATION	CONTACT 1	CONTACT 2	BOTH	MONTHLY NEWSLETTER	CONTACT 1	CONTACT 2	BOTH

## SECTION G | SIGNATURE

BY SIGNING BELOW YOU AGREE TO THE ACCURACY OF ALL OF THE ABOVE INFORMATION AND ASSUME THE RESPONSIBILITY OF PURCHASING PRODUCTS FROM THE BIOSET® GROUP. YOU ARE ALSO AGREEING TO HAVE THE BIOSET® GROUP PLACE YOUR NAME/EMAIL ON OUR EMAIL LIST AND TEXTING LIST. YOU ARE FULLY RESPONSIBLE FOR INFORMING THE BIOSET® GROUP OF ANY CHARGES THAT MAY OCCUR UPON RECEIPT OF TEXTS. ALL ADDITIONAL CHARGES FROM YOUR CELLULAR COMPANY ARE BETWEEN YOU AND YOUR CELLULAR PROVIDER. AT ANY TIME YOU WOULD LIKE YOUR INFORMATION TO BE REMOVED OR CHANGED FROM THE COMMUNICATION DISTRIBUTION LIST, IT IS YOUR RESPONSIBILITY TO REQUEST THE REMOVAL IN WRITING. THE BIOSET® GROUP HAS 60-DAYS FOR THE REMOVAL TO PROCESS.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_



# NEW | ACCOUNT APPLICATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE \_\_\_\_\_

## CREDIT CARD AUTHORIZATION

### SECTION A | ACCOUNT TYPE

**NEW ACCOUNT**  **UPDATED ACCOUNT**

### SECTION B | CREDIT CARD INFORMATION

VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

NAME ON CARD \_\_\_\_\_  
CREDIT CARD NUMBER \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_ 3 OR 4 CID DIGIT CODE \_\_\_\_\_

### SECTION C | ADDITIONAL AUTHORIZED USERS

THE INDIVIDUALS LISTED BELOW ALSO HAVE AUTHORIZATION TO USE THE CARD ABOVE.

NAME _____	BUSINESS PARTNER _____	SPOUSE _____	OFFICE MANAGER _____	STAFF _____
NAME _____	BUSINESS PARTNER _____	SPOUSE _____	OFFICE MANAGER _____	STAFF _____
NAME _____	BUSINESS PARTNER _____	SPOUSE _____	OFFICE MANAGER _____	STAFF _____

### SECTION D | SIGNATURE

BY SIGNING BELOW YOU ARE GIVING AUTHORIZATION TO THE BIOSET GROUP FOR THE INDIVIDUAL LISTED ON THE SIGNATURE SECTION AND SECTION C - ADDITIONAL AUTHORIZED USERS TO USE THE ABOVE CREDIT CARD FOR ORDERS, SEMINARS, WORKSHOPS, OR OTHER PRODUCTS/FEEES UNDER THE ACCOUNT OF THE INDIVIDUAL LISTED IN THE SIGNATURE SECTION. IT IS YOUR RESPONSILITIBILITY NOT THE BIOSET GROUP TO REMOVE ANY ADDITIONAL AUTHORIZED USERS WHEN NECESSARY. TO SIGN BY ELECTRONIC SIGNATURE, TYPE YOUR NAME IN THE SIGNATURE SECTION WHERE YOUR SIGNATURE WILL BE IN SCRIPT.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_