



Thank you for your interest in Theramedix BioSET's professional strength line of products and The BioSET System.

The BioSET System is a refined combination of techniques and products carefully designed to restore proper function at a cellular level. It is unique because, instead of using a single approach, The BioSET System incorporates many philosophies and techniques including enzyme therapy, homeopathy, traditional Chinese Medicine, and much more. The BioSET System studies subtle expressions of the human body via energy signatures. By investigating these energy signatures, it is possible to evaluate each client's needs, recommend professional strength supplements, and restore system balance.

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

Attached are the Account Application and Credit Card Authorization forms. Please complete all three pages of the requested information, writing legibly or typing the information to expedite processing. When submitting, attach a copy of your current license, certificate, and/or any documentation verifying completion of any healthcare practitioner training or class.

For security reasons, all information can be faxed to 864-231-9499.

If there is anything that we can assist with, please call us at 877-BIOSET1 (877-246-7381) or email us at info@bioset.net

We wish you much success and optimal health,

The Theramedix BioSET Team
Corporate Office: 877-BIOSET1 (877-246-7381)
www.theramedixbioset.com

CORPORATE USE ONLY

ACCT OPENED _____ TB EMPLOYEE _____ T | B _____ ACCT NUMBER _____

PRACTITIONER _____ BIOSET PRACTITIONER _____ NEW ACCOUNT _____ UPDATED ACCOUNT _____

PLEASE PRINT/TYPE ALL INFORMATION

ACCOUNT TYPE (SELECT ONE)

PRACTITIONER _____ WHOLESALE _____

PRACTITIONER INFORMATION

FULL NAME _____ DATE OF BIRTH _____

CREDENTIALS
(DEGREES, LICENSES, CERTIFICATES, ETC.) _____

METHOD OF TESTING: (SELECT ONE) IQS _____ AK (APPLIED KINESIOLOGY) _____ OTHER: (Please specify) _____

BILLING INFORMATION

FIRST NAME _____ LAST NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE/ PROVINCE _____ ZIP/POSTAL CODE _____

COMPANY OR DBA NAME _____

SHIPPING INFORMATION IF DIFFERENT FROM BILLING

FIRST NAME _____ LAST NAME _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE/ PROVINCE _____ ZIP/POSTAL CODE _____

COMPANY OR DBA NAME _____



ACCOUNT APPLICATION

FIRST NAME _____

LAST NAME _____

DATE _____

COMMUNICATION INFORMATION

PRIMARY CONTACT

NAME _____

TITLE _____

OFFICE # _____

FAX # _____

CELL # _____

HOME # _____

EMAIL _____

SECONDARY CONTACT

NAME _____

TITLE _____

OFFICE # _____

FAX # _____

CELL # _____

HOME # _____

EMAIL _____

PLACE AN "X" TO SELECT WHICH CONTACT'S EMAIL ADDRESS TO SEND INFORMATION:

| | | |
|--------------------------------|---------------|-----------------|
| INVOICES | PRIMARY _____ | SECONDARY _____ |
| PRODUCT INFORMATION | PRIMARY _____ | SECONDARY _____ |
| EDUCATIONAL INFORMATION | PRIMARY _____ | SECONDARY _____ |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HOW DID YOU HEAR ABOUT US? _____

WOULD YOU LIKE TO BE LISTED ON OUR WEBSITE AS A PRACTITIONER? YES _____ NO _____

SIGNATURE

BY SIGNING BELOW YOU AGREE THAT THE INFORMATION ABOVE IS CURRENT AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND ASSUME THE RESPONSIBILITY OF PURCHASING PRODUCTS FROM THERAMEDIX BIOSET. AT ANY TIME SHOULD YOU LIKE TO CHANGE OR UPDATE YOUR INFORMATION, IT IS YOUR RESPONSIBILITY TO REQUEST THE REVISION. TO SIGN ELECTRONICALLY, TYPE YOUR NAME IN THE SIGNATURE SECTION WHERE YOUR SIGNATURE WOULD BE IN SCRIPT.

PRINT NAME _____

DATE _____

SIGNATURE _____



ACCOUNT APPLICATION

FIRST NAME _____ LAST NAME _____ DATE _____

CREDIT CARD AUTHORIZATION

CREDIT CARD INFORMATION

PLEASE PLACE AN "X" NEXT TO THE TYPE OF CARD.

VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER _____

NAME ON CARD _____
CREDIT CARD NUMBER _____ EXPIRATION DATE _____ 3 OR 4 DIGIT CVV CODE _____

ADDITIONAL AUTHORIZED USERS

THE INDIVIDUALS LISTED BELOW ARE AUTHORIZED TO USE THE ABOVE CARD.

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

SIGNATURE

BY SIGNING BELOW, THE CARD HOLDER AUTHORIZES THE ADDITIONAL USERS LISTED ABOVE TO USE THIS CREDIT CARD FOR PURCHASING ORDERS, SEMINARS, WORKSHOPS, AND/OR OTHER PRODUCTS AND FEES UNDER THE ACCOUNT OF THE INDIVIDUAL LISTED IN THE SIGNATURE SECTION. WHEN NECESSARY, IT IS YOUR RESPONSIBILITY TO INFORM THERAMEDIX BIOSET IF THERE ARE ANY CHANGES NEEDED. TO SIGN ELECTRONICALLY, TYPE YOUR NAME IN THE SIGNATURE SECTION WHERE YOUR SIGNATURE WOULD BE IN SCRIPT.

PRINT NAME _____ DATE _____

SIGNATURE _____