

NEW HEALTHCARE PROVIDER ACCOUNT



*Clinically Researched • Premium Ingredients • Reliably Delivered*

HealthCare Provider Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

Practice specialties \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Shipping address: \_\_\_\_\_  
(FedEx does not ship to P.O. Boxes)

Billing address (if different): \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Contact person(s) authorized to place orders: \_\_\_\_\_

How did you hear about CHK Nutrition? New Patient \_\_\_\_\_ Existing Patient \_\_\_\_\_

Website \_\_\_\_\_ Search Engine (which one) \_\_\_\_\_ \*Colleague/Friend \_\_\_\_\_

If Colleague/Friend indicate who \_\_\_\_\_ Other (Please indicate the source \_\_\_\_\_)

\*(Referring provider will receive a 10% credit after your first order) \_\_\_\_\_

**Please include a copy of your current state healthcare license. Once this information has been obtained, you will receive a follow-up call to confirm your account has been established.**

CHK Nutrition  
3930 E. Calvary Rd  
Duluth MN 55803  
Phone # 877-538-8388 Fax # 218-626-1890  
www.CHKNutrition.com