



NEW ACCOUNT SET UP FORM

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

BUSINESS TYPE: ☐ Health Store, ☐ Pharmacy, ☐ Practitioner's Office, ☐ Other

If other, please specify: _____

TYPE OF OWNERSHIP ☐ Corporation, ☐ Partnership, ☐ Proprietorship

CONTACT NAME: _____

TITLE: _____

TELEPHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? ☐ Magazine, ☐ Website, ☐ Sales Rep Drop-in, ☐ Other

If other, please specify: _____

TERMS and CONDITIONS:

1. Mineral Medix must be notified of any discrepancies with orders within 48 hours of receiving shipment.
2. Free shipping with a minimum order of \$200.
For orders less than \$200, shipping charge will be applied.
3. All invoices are to be paid 30 days from the date of the invoice, expect for first order NET 60.

The above information is herewith submitted for the purpose of opening an account and I do hereby certify this information to be true.
I have read and agreed to the terms outlined above.

SIGNATURE: _____

DATE: _____

MINERAL MEDIX CORP. 100 Leek Cres, Unit 12, Richmond Hill, Ontario L4B 3E6, 1 (888) 777-7899 or (437) 266-2633

You can send this form by e-mail to info@mineralmedix.org or by Fax: 1 (888) 622-3213