



Raintree Nutrition, Inc.
P.O. Box 369 • Carson City, Nevada 89701 • (775) 841-4142
Phone Orders: (800) 780-5902 • Fax: (775) 841-4022
www.rain-tree.com • info@rain-tree.com

PRACTITIONER ACCOUNT APPLICATION

CONTACT DETAILS:

Name: _____
Clinic Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website: _____

PRACTITIONER DETAILS:

Type of Practitioner: _____
Practitioner Licence/Certification/Registration #: _____
Fax to Raintree Nutrition at (775) 841-4022
** A practitioner account cannot be set up without your license, registration or certificate on file.*
Tax ID#: _____ How long in business: _____
How did you hear about Raintree Nutrition: _____

BILLING INFORMATION:

G Check here if you only wish to order by COD (additional fees apply) or;
Credit Card on File: Credit Card # _____ / _____ / _____ / _____ Exp: ____ / ____
Billing Address for credit card: G Check if the same as above (under contact details).
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

ONLINE ORDERING: We now offer online wholesale ordering. We also provide email confirmation of all orders when they are placed, and another email confirming when orders are shipped with tracking numbers. To facilitate this service, please provide an email address you'll use to log into the system and a password (you may change these any time by logging into the system). We will email you once your online account is set up.

WEBSITE REFERRALS: Raintree Nutrition will enter your practitioner and contact details on our web site at: www.rain-tree.com/customerlist.htm As an account holder you will also be on our mailing list to receive any publications from Raintree Nutrition (approximately 4 times annually). If you do not wish to receive information from Raintree Nutrition, or to be listed on our web site, please inform us.

SIGNATURE REQUIRED:

Signature _____ Date _____