



Dynamics of Nature, LLC  
23801 Calabasas Road, Suite 1003A, Calabasas, CA 91302  
Phone: (800) 371-6974 Facsimile: (818) 584-8980  
Web: <http://www.dynamicsofnature.com> Email: [support@dynamicsofnature.com](mailto:support@dynamicsofnature.com)

## New Account Application Form

**Shipping Address:**

**Billing Address: If same as shipping, check here**

Name \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Type of Account (Please, check one)  Retail Store  Physician/practitioner  Online

Website (required for online retailers) \_\_\_\_\_

Federal ID # or SS # \_\_\_\_\_ State Resale License # \_\_\_\_\_

Contact Person \_\_\_\_\_

**Payment** (Check One): **Credit Card**  **Check**  **Net 30** (by approval)

Card Type: Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Signature of Card Holder (required)**

**Name of Card Holder**

\_\_\_\_\_

**The undersigned individual/officer declares the above information to be true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Please fax, email, or mail the completed application along with the W-9 form to Dynamics of Nature, LLC. Once, we have received your application, we will review it and be in touch shortly.