



**Sign Up Form**

Welcome.

*For practitioner discounts, please fill out the form below  
& fax to: (480) 696-7037*

**New Customers : Register Below**

Please fill in the fields below to create your account. Once you have an account, you may browse our complete online database of available products and services.

Create a new account...

Email Address:   
Type it again:

**Protect your information with a Password**

This will be your only Optimal Health Systems password.

Enter a new password:   
Type it again:

Your Billing Address...

First Name:   
Last Name:   
REFERRED BY:   
Address:   
  
City:   
Country:   
State / Province:   
Zip / Postal Code:   
Phone Number:   
Federal Tax ID #: