



**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 #: