



Professional Application Form

Thank you for applying for a Professional Account with Galen's Way.

Clinic/Business Name _____

Practitioner Name _____

Shipping Address _____

Billing Address _____

Email Address _____

Phone Number _____

In addition to this application, we request that you provide us with the following documents.

Professional Training Documentation

We request that you provide us with documentation of training in the healing arts (diploma, certificate of completion). If you are currently a student in the healing arts, please submit a copy of your student identification. If you have a license as a medical practitioner, please provide your state, kind of practice and number below as your documentation.

State: _____ Kind of Practice: _____ Number: _____

Tax Documentation

California Residents: to be eligible for tax-free sales, please submit a copy of your resale license along with form BOE-230.

<http://www.boe.ca.gov/formspubs/pub103>

All other states: if a resale license is available, please submit that along with a Multistate Tax Form (Uniform Sales and Use Certificate). If you are an individual practitioner and do not have these documents they are not required and we do not currently collect sales tax for states other than California. However tax laws are revised over time and this requirement is subject to change with advance notice from us.

<http://www.mtc.gov/Resources/Uniform-Sales-Use-Tax-Exemption-Certificate>

How did you hear about us?

- Returning Customer _____
- School _____
- Tradeshow _____
- Sales Representative _____
- Professional Referral _____
- Other _____

Once application is complete <mailto:info@galensway.com> with required documentation.

We look forward to providing you and your customers with high quality herbal extracts!