NAME:

ADDRESS:

 ZIP CODE

BEST PHONE NUMBER:

EMAIL:

SSN:

DATE OF BIRTH:

**CHOOSE AN ACCOUNT TYPE: AND CIRCLE**

**\***Member Benefits subject to change

**RETAIL CUSTOMER** – FREE BUT NO BENEFITS

**PERFERRED CUSTOMER**- $19.95 A YEAR, 5% OFF AND FREE SHIPPING ON AUTO ORDERS OVER $100 A MONTH AND AN ADDITIONAL 5% OFF WHEN SIGNING UP FOR AUTO SHIP >$200.00

**IBO**- $59 A YEAR PLUS TAX, BUSINESS GRADE WITH 15% OFF

**IF YOU WANT US TO ORDER FOR YOU, YOU MUST INCLUDE THE CREDIT CARD INFORMATION. IF YOU WANT TO ADD ONCE ACCOUNT IS SET UP YOU ARE FREE TO DO THAT AS WELL.**

CREDIT CARD #

CARD TYPE: EXPIRATION: / SEC CODE:

NAME ON CARD:

DATE OF APPLICATION:

SIGNATURE:

**ORDER FORM:**

PRODUCT NAME: AMOUNT TO ORDER:

PRODUCT NAME: AMOUNT TO ORDER:

PRODUCT NAME: AMOUNT TO ORDER:

PRODUCT NAME: AMOUNT TO ORDER:

PRODUCT NAME: AMOUNT TO ORDER:

**EMAIL BACK TO: jharris@atigafamilypractice.com**