



NEW ACCOUNT SET UP FORM | CREDENTIAL REQUEST

Nutrigenomic test kits are limited to credentialed healthcare professionals only. The account holder's name must match the license name provided. Please email this form along with a copy of your license to paula@gxsciences.com.

Provider Name: _____ Practice Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Phone: _____ Email: _____

Practice Type: MD DC DO ND NP RD

Other (Please list): _____

Credentials (NPI or Other License): _____ Years in Business: _____

New to Genetic Testing? Yes No Other Labs Services Currently Using? _____

GX Sciences Sales Representative: _____

Account Holder Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION INFORMATION

Please note: Nutrigenomic test kits are complimentary and you will only be charged for the tests you order when your samples are received at the lab.

Credit Card Type: Visa Mastercard Discover American Express

Card Holder Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Billing Zip Code: _____

By signing above, I hereby authorize GX Sciences to charge my card above for provider payments. I understand that my information will be saved on file for future transactions on my account.