

**New Account Application Form (Practitioner)****bema**
BOTANICALS**新客戶帳戶開設申請表 (for 醫師)**

Date of Application 填寫日期 _____

- * Mandatory fields, please print legibly
- * Please fax this form to (604) 982-9199

OPOS Username

Temporary

Password : **bema**

Customer A/C No.

Personal contact information 個人基本聯絡資料

Name 英文姓名*		中文姓名 (if applicable)	Practice License or 專業執照號碼* Category: <input type="checkbox"/> TCM <input type="checkbox"/> ND <input type="checkbox"/> Others _____
Residential Address 住家地址* Street Number _____ City _____ Province _____ Postal Code _____			Registration No. : _____ No. Issued by : _____
Clinic/Company name 診所或公司名稱			Business License No. (if applicable) 公司診所營業登記號
Business Address 診所或公司地址 Street Number _____ City _____ Province _____ Postal Code _____			Home Tel 住家電話 ()
Email ** (Important! This will be used for confirming your future order) 必填!			Clinic/office Tel 診所或公司電話 ()
			Cell 手機* ()
			Fax 傳真 ()

Credit Card Info 信用卡資料 for initial order only for all my orders

Card Number 卡號		Expiry Date 到期日																
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Name on the card 卡上姓名	Code 安全碼	Signature																
Card Type 信用卡類別																		
<input type="checkbox"/> Visa <input type="checkbox"/> MC																		

What would be your default shipping address? 預設郵寄地址為何? Home BusinessWould you like to receive our monthly email of **member only Super Sale** information? YES NO*You need to provide us a valid email address in order to receive the above.*

Signature of applicant

For BEMA use only

Received By	Date Received	Approval	Date of Account Setup & Entered