

**MONASTERY OF HERBS    Account Set up Fax Form 8\_14\_2019 (Do Not E-mail)**

Accounts are set up by name of practitioner. The following is required. Please do not ask to be an exception.

Name \_\_\_\_\_ Type of Practice (CMT, DC, DCM, DDS, MD, ND, Pharmacy...) \_\_\_\_\_

Business Name \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

State Resale License # \_\_\_\_\_ How did you hear about MOH? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Credit Card # (AE, MC, VISA only) \_\_\_\_\_

Expires Month / Year \_\_\_\_\_ V code (3 digits on back of card, Amex 4 digits on front) \_\_\_\_\_

Name on card \_\_\_\_\_ CC Billing address House Number only \_\_\_\_\_

Zip \_\_\_\_\_ *Check Here if Billing Address is the same as shipping:* \_\_\_\_\_

Relevant qualifications, special licensing, certification, degrees, skills, experience, applicable education, training, etc.:

I authorize Monastery of Herbs to use this credit card for all purchases.

Signature \_\_\_\_\_

Fax 818-368-0599    Phone 818-360-4871    [monasteryofherbs@yahoo.com](mailto:monasteryofherbs@yahoo.com)    [monasteryofherbs.com](http://monasteryofherbs.com)