



## New Customer Intake Information

**Please complete and return WITH A COPY OF YOUR LICENSE OR DEGREE.**

**Fax (number above) or email to [feedback@standardprocesswest.com](mailto:feedback@standardprocesswest.com)**

**\*\*\*You will be notified VIA EMAIL when the account is opened.\*\*\***

Practitioner Name:  Degree

Billing Address:

City:  State/Province:  Zip/Postal Code:

Office Phone:  FAX:

Alternate Phone:  \*\*\*Email: \*\*\*

Website URL:

Shipping Address:

City:  State/Province:  Zip/Postal Code:

Please be sure to include your email address. We use it for our initial notifications only and do not sell it or use as a marketing tool.

**AGGREEMENT: I certify that the information provided in this application is true and correct.**  
**I agree not to sell SP products via the internet or in a retail store.**  
**I also personally guarantee payment and all indebtedness of this corporate account and agree to be bound by the terms and conditions noted above.**

Initials, if filing Electronically. Include Date.

Practitioner Name:

### **FOR STANDARD PROCESS WEST USE ONLY**

Credentials Received: Y/N  Approved?   Vet BNK IF REQ.  EMAIL SENT

Sent NC Pack  Contacted   NOTIFIED TH  Notified SO  Notified MT

Label  Added to Outlook  eMail listing SPW Account number

CC #

SPW REP.