



Heron Botanicals  
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## New Account Establishment Form

Date:

Practitioner(s):

Clinic:

Account name: (clinic / practitioner)

Primary Contact, Title:

Phone #(s):

Fax #:

E-mail:

Preferred method of contact: phone / email

How did you hear about Heron Botanicals?  Conference  Internet  Referral  Other

Please specify:

BILLING ADDRESS:

SHIPPING ADDRESS:

Commercial  
 Residential

PAYMENT INFORMATION: (All accounts are initially on PREPAID terms.)

Name (as listed on card):

Credit Card account: Visa/MC/AMEX/DISC

Account number:

Expiration date:

Washington State accounts require a Reseller's Permit #: \_\_\_\_\_

\*(Please provide a copy for our records.)

CREDENTIALS: \*(Please provide a copy of your license/credentials for our records.)

ND  RH  MD  LAc  RN  Other:

Years in Practice:

Specializations: (women's/men's health, oncology, TCM, etc.)

MDs, LAcS, RNs (and practitioners without credentials) Herbal Experience:

(Please include a brief explanation of relevant training and experience in the clinical use of herbal medicine.)

Which of Heron's products and services are most valuable to your practice?

Simple Tinctures/Glycerites  Formulations  Creams & Ointments  Low-Dose Herbs \*  
 Expert Consultation  Drop Shipping (direct to patients) \*(Approval required)

*Thank you for choosing artisan crafted herbal products from Heron Botanicals.  
 We value each and every customer and look forward to building our relationship and exceeding all your expectations.  
 Please never hesitate to call or e-mail us with questions, comments, or suggestions.*