

Good For Health, Inc.

Exclusive distributor of **EZTREK** Medical Food.

Sign-Up for Wholesale or Patient Referral to Good for Health

Return this form to us via E-mail: service@goodforhealth.org or via Fax to: 713-785-1930.

You can reach us toll-free Monday-Thursday, 8am to 4pm, Friday 10am to 4pm CST at 800-994-0301.

Please print clearly and fill out this form completely.

Per FDA guidelines, Medical Foods can only be administered by a health care provider who is licensed under State law to prescribe drugs or devices.

NAME OF PRACTICE: _____

PROVIDER'S NAME: _____

PROVIDER'S SPECIALTY: _____

OFFICE CONTACT NAME: _____

BILLING ADDRESS: _____

SHIPPING ADDRESS (If different from billing): _____

Office E-mail: _____ Office Phone: _____

Dr's Direct Email: _____ Dr's Direct Phone: _____

To provide relevant information for optimal treatment regimen.

Who referred you to us: _____

EZTREK Medical Food Liquid (4 oz), one-month supply.

Wholesale accounts Only Available to Licensed Practitioners

Once we receive your completed form, we will provide you with details on bulk discounted pricing.

SCAN CODE for



EZTREK documentation

Please read, sign and date below

- Pricing in your office is at your discretion. If you offer **EZTREK** on your website, your active patients can only purchase it after they log in. Also, no reference to pricing, other than full retail (at a minimum) can be shown prior to log in.
- Good For Health, Inc. will not refund or replace damaged or defective product to your patients that purchase from your office. We will resolve any issue with you as our wholesaler. If you refer a patient to purchase directly from us, then we will resolve any issues with them directly.
- Good For Health, Inc. will not reimburse you, the wholesaler, for any discounts, refunds, specials, or sales that you offer to your patients.
- Prior approval is required from Good For Health, Inc. for any returns. Approval will only be granted if Good For Health Inc. made an error in filling the order, or if the order was damaged in transit. Discounts are not retroactive.

By signing below I agree to these conditions.

Signature: _____ Date: _____