



ACCOUNT REPRESENTATIVE (AR) GET STARTED FORM

Please PRINT clearly

First Name:		Middle:		Last Name:		Title(s):	
DOB:		Cell:		Email:			
Address:							
Business name (if applicable):						EIN:	
Address (if applicable):							
Business phone:				Email:			
Name of person who introduced you to GENOMICS:							

Would you like personal GENOMICS business cards? YES/NO. (100=\$48; 250=\$58, 500=\$66)

Would you like to order rack cards? YES/NO. (50=\$38; 100=\$59; 250=\$104)

Would you like a customized email address?

- YES, please use: @geneticstestingnow.com (\$24 for first year only; free after)
- NO, I will use my personal email address.

Signature: _____ Date: _____