



www.ProTherapySupplies.com
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Duluth, GA 30096
1-800-883-0368

Healthcare Professional Pricing Application

Company Name	_____	Website	_____
First Name	_____	Email	_____
Last Name	_____	Address	_____
Job Title	_____		_____
Phone Number	_____		_____
Alt Phone Number	_____		_____

Please fax this form to us with a copy of your business license and/or business card.

You can send a fax to 678-680-5818. Once approved for the Healthcare Professional Pricing program, you will need to login to your customer account at ProTherapySupplies.com to see your exclusive discounted prices.

By signing below you are confirming that all of the information submitted is accurate to the best of your knowledge.

Printed Name of Applicant

Date

Signature