

## 1. Practitioner Information

Name

Professional Designation

Company

Shipping Address

City  State  ZIP

Check here if Billing Address is same as Shipping

Billing Address

City  State  ZIP

Country

Phone Number

Fax Number

Email Address

(Test Results sent to above Email Address)

Office Manager Name

Office Manager Email

## 2. Expected Evaluation Volume

Please Indicate your expected annual evaluation volume

1 to 10     11 to 25     26 to 99     100+

Life Length is NOT an insurance provider nor a medical participating provider. Life Length will NOT submit insurance claims for your patients. By submitting specimens for testing with Life Length you hereby agree to adhere to price points for the TAT analysis established by Life Length for Cleveland HeartLab.

In compliance with Spanish organic law 15/1999 (Data Protection of Personal Information), we are required to inform you that a record containing your personal details will be included in the files of Life Length, S.L. as a consequence of the relationship established with you. You may exercise your rights to access, cancel, correct or request that this date be removed by written instruction to the Company at Agustin de Betancourt, 21 – 8th floor, 28003 Madrid. If, within 30 days, you have not communicated to us, we will understand that the information is correct, you undertake to notify us of any changes and we have your consent to use this data in marketing or other communications with you with aim of further fostering our commercial relationship. Life Length® All Rights Reserved. Rev. Sept. 2014

## 3. Payment Policy and Authorization

**Payment Policy:** Credit Card information is required and must be kept current and on file. When your kit is received for processing your credit card will be charged.

Credit Card Type

VISA     MasterCard     AmEx     Discover

Credit Card #

Exp. Date (mm/yyyy)  /

Security Code/CVC

Please check here if you will provide Cleveland HeartLab Customer Support (866.869.0148) your credit card information over the phone.

I authorize Life Length to charge my credit card in accordance with the above Payment Policy.

Type Full Name

Sign or insert Electronic Signature

This form is designed to be completed and submitted electronically. Once all data is entered, and signed, please save as: **Account Registration - [Enter Practitioner Name]** – as a PDF file and email to [accounts@lifelength.com](mailto:accounts@lifelength.com).