



NutriScription Account Signup Form

Contact Name _____

Retail or Consultancy Business Name _____

Client Type (Check one) Retailer Consultant

Mailing Address _____

Town _____ Province (Check one) MB SK

Postal Code _____ AB BC

Phone _____ Cell _____

Primary Email address NutriScription reports to be sent to _____

2nd Email address NutriScription reports to be sent to _____

UAP Canada Representative _____

Taurus Technology Representative _____

Signup Date _____

Preferred Lab (Check one) ALS Labs (Saskatoon, SK) Agvise Labs (Northwood, ND)
 A & L Labs (London, ON)

Nutriscription user ID# (Office use only) _____

Please return completed forms to:

Eric Gregory

Fax (204) 888-1416

Or clicking on "Submit" will send form to egregory@uap.ca