

Herbal-Alchemist Herbal Assistance Program Application

Applicant Name: _____

Date: _____

Shipping Address: _____

Date of Birth: _____

Billing Address (if different): _____

Auto-Shipment(Y/N): _____

E-MAIL: _____

How do you prefer to order? (circle)
Online, Over the phone or E-mail

Telephone: _____

Shipping Preference
USPS, Fed-EX, UPS, or other

Medical and/or health conditions:

Current Medications/Herbal
Supplements: _____

ARE YOU A VETERAN? _____

Medical Provider: _____

ARE YOU DISABLED? _____

Holistic Healer: _____

ARE YOU ON SOCIAL SECURITY? _____

Other healing services: _____

DO YOU MEET THE 25% POVERTY GUIDELINES? (Y/N) _____

Please return this application along with your supportive documents copies, photos, or scanned images are acceptable. My e-mail is Jennifer@alurent.com or mail documents to:

Attn: Herbal Assistance Program
3941 Park Drive, Suite 279
El Dorado Hills, CA 95762

Questions or comments (530) 677-1200 X 203