

Senotec Physician Affiliate Application Form

After completing and signing this form, please mail to:

Senotec Foods, LLC
Att: Senotec Physician Affiliate Program
200 Corporate Place Peabody, MA 01960



Name:

First MI Last

Mailing Address:

Street City State Zip

Email:

Email

Telephone:

Telephone Number

Degree:

Degree

Medical License Number State Expiration Date

Medical Specialty

Referring Senotec Physician Affiliate (If Applicable)

This form also serves as a substitute Form W-9 for tax reporting purposes

Name as shown on Tax Returns

Business Name/disregarded entity name, if different from above

Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/Estate

Social Security Number OR Tax ID Number

The Social Security Number or Tax ID must match Name above to avoid backup withholding.

Note: Under penalties of perjury, you certify that (1) the number shown is the correct taxpayer identification number, (2) payee is not subject to backup withholding due to failure to report interest and dividend income, and (3) payee is a U.S. person.

Signature and Acknowledgment

By signing the Senotec Physician Affiliate Application in the space provided below, I hereby acknowledge that I meet all eligibility requirements and have carefully read, understood, and agree to all terms and conditions found in the Senotec Physician Affiliate Program Terms and Conditions, which together constitute the Senotec Physician Affiliate Agreement. A copy of the Senotec Physician Affiliate Terms and Conditions is available upon request.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. If you have been notified by the Internal Revenue Service that you are subject to backup withholding, you MUST strike out item 2 in the note above.

Applicant' Signature _____ Date _____