

Paper/Electronic Form

Full Name: _____

Phone Number: _____

Signature: _____

Date: _____

☐ By checking this box, you agree to receive text messages from Nutriservice regarding account notifications, customer care and delivery notifications. Message frequency varies but will not exceed 1 message per day unless there is a notification event. Message and data rates may apply. Reply HELP for help. Reply STOP to opt out.

[Terms and Conditions](#) [Privacy Policy](#)