

**APPLICANT INFORMATION**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
<b>Do you have any serious or life threatening allergies?      Yes / No</b>		
<b>How did you hear about us?</b>		

**MEAL DELIVERY ADDRESS #1**

<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Special Delivery Instructions</b> (i.e. Leave coolers with doorman):		
<b>APARTMENT BUILDINGS / GATED HOMES: Is a key or entry code needed?</b>		<b>Yes/No</b>
(if yes, then it must be provided to us prior to delivery)		

**\*\*Please contact us with details for delivery to multiple addresses\*\***

**BILLING INFORMATION**

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Credit Card #:</b> Visa / MasterCard / American Express <i>(Please circle or highlight one)</i>	<b>Security Code #:</b>	<b>Expiration Date:</b>

**NURTITIONAL ASSESSMENT SECTION  
(OPTIONAL)**

◆ The anthropometric data collected below will be used to help us determine your proper calorie intake.

<b>Date of Birth:</b>	<b>Height:</b>	<b>Weight:</b>	<b>Male / Female</b> <i>(Circle or highlight one)</i>	<b>Body Fat %:</b> <i>(if known)</i>
-----------------------	----------------	----------------	--	---

**STEP 1 - Check 1 Box Only      OCCUPATION**

<b>SEATED WORK:</b> Little activity, no option of moving around. Usual Occupations: Accountant, Telephone Sales, Computer Programmer, Executive, Secretary, etc.	
<b>STANDING WORK I:</b> Moderately Active... Usual Occupations: Dentist, Airline Agent, Dietitian, Homemaker, Hairdresser, Retail, Sales, etc.	
<b>STANDING WORK II:</b> Very active, some moderate – heavy lifting... Usual Occupations: Nurse, Soldier, Mechanic, Chef or Cook, Janitor, Childcare, Mail or Package Delivery, Flight Attendant	
<b>STRENUOUS WORK:</b> Heavily active, heavy lifting... Usual Occupations: Construction, Landscaper, Baggage Handler, Coal Miner, Mover, Heavy Farm Labor	

**STEP 2 - Check 1 Box Only      EXERCISE / TRAINING**

<b>NONE OR VERY LITTLE</b>	<b>MODERATE WORKOUT</b> 30 – 60 minutes, 1-3 days per week
<b>LIGHT WORKOUT</b> 20-30 minutes, 2-3 days per week	<b>HEAVY WORKOUT</b> 30 – 60 minutes, 5-7 days per week
<b>LIGHT – MODERATE WORKOUT</b> 20-30 minutes, 5-7 days per week	<b>STRENUOUS WORKOUT</b> > 90+ minutes 4-6 times per week

**STEP 3 - Check 1 Box Only      DESIRED RATE OF WEIGHT LOSS/GAIN**

<b>NONE (WEIGHT MAINTENANCE)</b>	
<b>LOSE 0.5 lbs per week</b>	<b>GAIN 0.5 lbs per week</b>
<b>LOSE 1.0 lbs per week</b>	<b>GAIN 1.0 lbs per week</b>
<b>LOSE 1.5 - 2.0 lbs per week</b>	<b>GAIN 1.5 - 2.0 lbs per week</b>