



Website User Registration Request

Practice Name: _____

YHC Merchant Number: _____

Primary Website User (Administrator)	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Secondary Website User (Will refer to secondary contact to update Website Info in the event the Administrator is unavailable or leaves the company.)	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN
Additional Website User	
First Name	Last Name
Direct Phone Number	Email Address
Preferred User Name	4 Digit PIN

Please email completed form to Info@yourhealthcredit.com or fax to 949-209-2056