



AUTOSHIP APPLICATION FORM



Immunotec International Healthcare Products Limited
1st Floor Riverview House
21-23 City Quay, Dublin 2, Ireland

Customer Service
0808 1017330
(M-F 12 :00 pm – 00 :00 am)

Internet Address
www.uk.immunotec.com
24hrs/day 7 days a week

Fax
0808 1017331

Mailing address : 300 Joseph Carrier, Vaudreuil-Dorion, QC, J7V 5V5, Canada

Please use a pen and print clearly in all of the spaces provided.

PURCHASED BY

ID Number

Name

Last

First

Middle

SHIPPING ADDRESS

Name

Last

First

Middle

Address

Town/City

County

Post Code



E-Mail

YES! SIGN ME UP FOR AUTOSHIP

I HEREBY APPLY TO PARTICIPATE IN THE IMMUNOTEC AUTOSHIP PROGRAMME SUBJECT TO THE TERMS AND CONDITIONS SET OUT OVERLEAF.

Signature of Consultant: _____

Date: _____

(I have read and understood the terms and conditions set forth in this Agreement)

Item #	Immunotec Products	Qty	Point Value	Price*	Total
* Refer to UK Price List ** Delivery charges 8% of total retail amount or £ 10.00 minimum *** 17.5 %				Sub-total	
				Delivery charges**	
				Applicable VAT***	
				Total	

METHOD OF PAYMENT

Visa

MasterCard

I AUTHORISE IMMUNOTEC INTERNATIONAL HEALTHCARE PRODUCTS LIMITED TO DEBIT MY VISA/MASTERCARD FOR THE CORRESPONDING TOTAL AMOUNT OF MY MONTHLY ORDER AND ANY VARIATION TO THE SAME INCLUDING FREIGHT CHARGES INCURRED DURING THE TIME I REMAIN ON THE AUTOSHIP PROGRAMME.

Card Number

Expiry Date

Signature of Card Holder: _____

Print Name of Card Holder: _____

(Internal Use Only)

Programme:

R.O.

Terms and Conditions

By completing and submitting this application form I hereby apply to participate in the Immunotec Autoship Programme. I understand that Immunotec will signify its acceptance of my application by email/written confirmation.

I understand that the terms of use and of purchase set out on the Immunotec website and the terms of and conditions of the Immunotec Consultant Agreement shall apply to my Autoship Programme orders and to any orders that are placed individually.

By signing the credit instruction form I authorise Immunotec to deduct each month the amount that I have indicated in my application from my nominated account. I understand and agree that the funds deducted from my account will be used to pay for the products ordered by me each month through the Immunotec Autoship Programme. In the event that I choose to terminate my participation in the Immunotec Autoship Programme at any time Immunotec will refund to me any funds held as credit on my account. Immunotec reserves the right to make any such refund in the same form as the original payment.

I understand that if I wish to change the amount of my monthly order and/or payment I must submit to Immunotec by email or by post an amendment request/form showing all appropriate revisions. In order to be effective any amendment request/form showing a change to a monthly payment for Autoship Programme orders must be received by Immunotec by no later than 5 business days prior to the usual monthly payment date.

In the event that Immunotec does not receive cleared funds in respect of any one individual order than it shall not be obliged to despatch any products to me in respect of that order and may, if it so wishes, treat my status as a Immunotec Independent Consultant ("Consultant") as terminated/suspended/my participation in the Immunotec Autoship Programme as terminated/suspended unless I have a credit balance on my account with Immunotec sufficient to cover the value of any order.

If for any reason my credit card payment is declined or cancelled and product has been shipped to me I am liable either to return the product unopened or settle the account within 7 days of notice by Immunotec.

I understand my Autoship Programme order will remain effective until I either

- (1) submit an amendment request/form; or
- (2) send in writing my cancellation of my participation in the Immunotec Autoship Programme, such cancellation to include my name and signature¹, such cancellation being effective for the month following the month in which the cancellation was received by Immunotec; or
- (3) inform my credit card company to stop paying the credit card payment and also inform Immunotec 3 days before the date scheduled for the next payment to be withdrawn; or
- (4) if Immunotec decides to terminate the Agreement because a payment is not made; or
- (5) if my Consultant Agreement with Immunotec is terminated for any reason whatsoever.
