CUSTOMER APPLICATION & AGREEMENT

Immunotec

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.

CUSTOMER

☐ Mr. ☐ Mrs. ☐ Ms.			
Last	First		Middle
Address			No.
Town/City		County	Post Code
☐ Shipping Address (if different from above)			No.
Town/City		County	Post Code
☎ Day		Mobile	
☎ Eves.		Fax	
E-Mail			

☐ **YES! SIGN ME UP FOR Customer Autoship (ImmunoDirect)**

As an ImmunoDirect customer, I will benefit from Immunotec's monthly automatic shipment program and receive my orders at a 20% discount off the retail price. By subscribing to the ImmunoDirect monthly Autoship program, I agree that the order I have specified will be automatically shipped every month to the address indicated on this application form. I understand that Immunotec is under no obligation to ship any product unless full payment is received. I understand that I may cancel this monthly automatic shipment at any time. I understand that Immunotec and/or the Consultant(s) who introduced me to its product line may have access to some of the information contained on this form in order to create my client file, process my orders, contact me if needed and to keep me informed about Immunotec products and services and agree to this.

Item #	Immunotec Products	Qty	Retail*	Discount	Total

* Refer to UK Price List
** Delivery charges 8% of total retail amount or £ 10.00 minimum
*** 17.5 %

Sub-total	
Delivery charges**	
VAT (if applicable)***	
Total	

Signature of Customer: _____

METHOD OF PAYMENT

☐ Visa ☐ MasterCard

I AUTHORISE **IMMUNOTEC INTERNATIONAL HEALTHCARE PRODUCTS LIMITED** TO DEBIT MY VISA/MASTERCARD FOR THE TOTAL AMOUNT OF MY PURCHASES PER COMMISSION PERIOD AND FOR MY AUTOSHIP PRODUCTS IF SELECTED.

Card Number | | | | | | | | | | | | | | | | Expiry Date | | | | |

Print Name of Card Holder: _____

Signature of Card Holder: _____ Date: _____

SPONSOR		ID#	
Name		Telephone	
ID # (Internal Use Only)			