Customer Application & Agreement

Business Address
5895 Rickenbacker Road
Commerce, CA
90040 USA

Customer Service
1-888-917-7779
Monday to Friday
8 am - 9 pm (CT)

Web Site
www.immunotec.com

Fax
1-877-424-5050

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 Name	First Name	Middle Name
Address		Apt. #
City	State	Zip Code
☐ Shipping Address (if different from above)		Apt. #
City	State	Zip Code
Telephone (Day)	Mobile	
Telephone (Night)	Fax	
E-Mail (mandatory)	Preferred Language of Correspondence: ☐ English ☐ Spanish	

☐ I agree to receive Immunotec Research Inc.'s ("Immunotec") electronic communications containing news, updates and promotions regarding Immunotec's products. My consent can be withdrawn at any time.

☐ **YES! SIGN ME UP for Customer AutoShip**

As a customer on AutoShip, I will benefit from Immunotec's monthly automatic shipment program and receive my orders at a 25% discount off the retail price. By subscribing to the Customer AutoShip Program, I agree that the order 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 #	Description	Qty	Price*	Discount	Total

*Refer to US Price List.
**Shipping & Handling is calculated on the retail price: $9.75 minimum or 4.75% of the retail price. All orders are shipped via 2 to 6 business day ground service unless air or overnight is requested. A flat Pickup Handling Fee of $4.00 (tax included) will apply to orders picked up at Distribution Centers that offer this service. Flat rate for Immunocal and Immunocal Platinum: $3.50 per box (minimum $9.75).
†Applicable tax rates vary according to jurisdiction and are subject to change without notice.

Please select your monthly processing date:
☐ 3rd ☐ 8th ☐ 16th ☐ 23rd

Signature of Customer: _____

Sub-total	
Shipping & Handling or $4 Pickup Handling Fee**	
☐ Air (+$12) ☐ Overnight (+$25)	
Applicable Sales Tax†	
Total	

METHOD OF PAYMENT

☐ Visa ☐ MasterCard ☐ Certified Check or Money Order

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

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐☐☐ CID # ☐☐☐

Print Name of Card Holder: _____

Signature of Card Holder: _____ Date: _____

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

Printed in Canada

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