



# traditional medicine supplies

## AUTHORISATION TO ORDER

Date: \_\_\_\_\_

Account name: \_\_\_\_\_

Account code: \_\_\_\_\_

Approved persons:

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ hereby authorise the above person/s to purchase products on my account at wholesale prices. They are permitted to purchase from the following modalities;

- Herbal medicine
- Nutritional supplements
- Food/general "retail" products
- other (please state) \_\_\_\_\_  
\_\_\_\_\_
- put on my account
- pay at the time of ordering

I understand that I take responsibility for the products purchased by the above person/s.

Signed: \_\_\_\_\_