

Application to open an Account with

Traditional Medicine Supplies Pty Ltd ACN 062 912 841

PO Box 7052 Alexandria NSW 2015

Tel: 02 8063 8800 Fax: 02 8063 8899

How did you hear about T.M.S? Friend/Word of mouth Advertising Seminar Other _____

INDIVIDUAL OR BUSINESS NAME* (please print) _____	
POSTAL ADDRESS _____	CODE _____
DELIVERY ADDRESS (IF DIFFERENT) _____	CODE _____
DELIVERY INSTRUCTIONS (EG LEAVE AT DOOR, ETC) _____	
TEL: (____) _____	FAX: (____) _____ ACN (IF COMPANY) _____
E-MAIL ADDRESS: _____	MOBILE PH: _____
PRINCIPAL OWNER/ DIRECTORS* INFORMATION – NAME _____ TEL _____	
PRIVATE ADDRESS _____	CODE _____
* DIPLOMA OR DEGREE _____	TGA EXEMPTION NO. / PROVIDER NO/ STUDENT NO _____
STUDYING AT WHICH COLLEGE _____	WHAT YEAR DO YOU EXPECT TO FINISH _____
* PRINCIPLE MODALITIES/QUALIFIED TO USE _____	
<i>Please note goods available may be restricted by your qualification</i>	

TRADE REFERENCES (not banks, rentals, utilities or credit card companies.)

*** If you wish to apply for a 30 day credit account, please provide 3 different trade references from companies you currently have a credit account with. In doing so you agree to let TMS contact companies for credit information.**

NAME / COMPANY	TEL	FAX	CHECK (OFFICE USE)
1. _____			
2. _____			
3. _____			

IF YOU PREFER TO PAY IN FULL AT THE TIME OF ORDER, PLEASE CHECK HERE NO REFS REQUIRED FOR THESE ACCOUNTS

OVERDUE ACCOUNTS

Goods will not be supplied to overdue accounts until such time as the account is brought up to date. Traditional Medicine Supplies P/L., reserves the right to charge interest on overdue accounts at a rate not greater than the current bank prime interest rates.

PROPERTY AND OWNERSHIP

Ownership of goods does not pass until they have been paid for in full.

* I confirm that all information provided is correct & agree to TMS terms & conditions.

SIGNED _____ POSITION _____

PRINT NAME _____ DATE _____

***DIRECTORS PERSONAL GUARANTEE: THIS SECTION MUST BE COMPLETED BY COMPANY APPLICANTS**

I / WE GUARANTEE PAYMENT OF ANY AND ALL ACCOUNTS FOR GOODS AND/OR SERVICES PURCHASED BY THE ABOVE COMPANY TOGETHER WITH ANY LEGAL OR OUT OF POCKET EXPENSES ASSOCIATED WITH THE COLLECTION OF OUTSTANDING ACCOUNTS. I/WE UNDERSTAND THAT THIS GUARANTEE BINDS ME/US PERSONALLY.

1. SIGNED _____ PRINT NAME _____ DATE _____

2. SIGNED _____ PRINT NAME _____ DATE _____

WITNESS _____ WITNESS PRINT NAME _____ DATE _____

DIRECTORS I.D. (PASSPORT, DRIVERS LIC.)

1. _____ 2. _____

*** MANDATORY INFORMATION**

Please post to PO Box 7052, Alexandria, NSW, 2015