

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 _____ POSTCODE _____

DELIVERY ADDRESS (IF DIFFERENT) _____ POSTCODE _____

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 _____ POSTCODE _____

* 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 _____

Please note goods available may be restricted by your qualification

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

If you wish to apply for a 30 day credit account, please provide 3 trade references from companies you currently have a credit account with. In doing so you agree to let TMS contact companies for credit information. Please note that the Lifespan, Metagenics, API and SIGMA do not provide trading information. Please do not list these companies as trade references.

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**

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. _____

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