TMS ORDER FORM

Fax to: 02 8063 8899

Name_____**Phone**_____**Account**_____**Date**_____

Instructions: This form can be used by filling out once for recurrent orders or photocopying for new orders. Please complete account details above. Use the **code** and **description** found in the TMS catalogue. Indicate the **size** of the container you require (if there are several) and the **type** eg liquid, tablet, capsule etc. Finally don't forget to let us know how many you require in **quantity.** Indicate your preferred payment method in the box below and any special delivery or other instructions. Please feel free to call us for additional information.

CODE	DESCRIPTION	SIZE / TYPE	QUANTITY	(OFFICE)

PAYMENT METHOD

- ❑ ACCOUNT
- ❑ CREDIT CARD ⇨ NO. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ EXP. __ __ / __ __

SPECIAL INSTRUCTIONS: