

## **Customer Application & Agreement**

**Business Address** 5895 Rickenbacker Road Commerce, CA 90040 USA **Customer Service** 888-917-7779 (M-F 8:00 a.m. – 9:00 p.m. ET) Internet Address www.immunotec.com **Fax** 877-424-5050

Mailing Address: 300 Joseph	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	State		Zip Code	
Telephone (Day)			Mobile			
Telephone (Night)			Fax			
E-Mail (mandatory)		Preferre	d 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 My consent can be withdrawn at any time.						
As a customer on AutoShip, I will benefit from Immunotec's monthly automatic shipment program and receive my orders at a 20% 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.						
keep me informed abou	t Immunotec products and services and ad	ree to this	S.		<b>,</b> ,	
-	-	ree to thi		Price*	Discount	Total
Item #	t Immunotec products and services and ag  Description	ree to thi	s. Qty	Price*	-	
-	-	ree to thi		Price*	-	
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Item # *Refer to US Price List.	Description			Price*	-	
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*Refer to US Price List. **Shipping & Handling is calculated c shipped via 2 to 6 business day grou of \$4.00 (tax included) will apply to o Immunocal and Immunocal Platinum ***Applicable tax rates vary accordin	Description  In the retail price: \$9.75 minimum or 4.75% of the retail price. All of and service unless air or overnight is requested. A flat Pickup Handlinders picked up at Distribution Centers that offer this service. Flat re: \$3.50 per box (minimum \$9.75).  The proposed of the retail price of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price of the retail price of the retail price. All of the retail price of the retail price. All of the retail price of the retail price of the retail price of the retail price of the retail price. All of the retail price of the retail price of the retail price of the retail price of the retail price. All of the retail price of the retai	orders are ng Fee	Qty Shipping		Discount  Sub-total	
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