Immunotec

# AUTOSHIP APPLICATION FORM


Immunotec
3 Label Lane, Swanton, VT
05488 USA

**Customer Service**
888-917-7779
(M-F 8:30 a.m. – 9:00 p.m. EST)

**Internet Address**
www.immunotec.com

**Fax**
877-424-5050

Mailing Address: 300 Joseph Carrier, Vaudreuil-Dorion, QC J7V 5V5 Canada


**Please use a pen and print clearly in all of the spaces provided.**

## PURCHASED BY

**ID Number**

| | | | |
|---|---|---|---|
| Name | | | |
| | Last | First | Middle |

**SHIPPING ADDRESS** (Please note that we cannot guarantee delivery to P.O. Boxes)

| | | | |
|---|---|---|---|
| Name | | | |
| | Last | First | Middle |

| | | | | | |
|---|---|---|---|---|---|
| Address | | | | | |
| City | | State | | Zip | |
| ☎ | | E-Mail | | | |

☐ **YES! SIGN ME UP FOR AUTOSHIP.** As a Consultant, I understand that the products mentioned below are for **personal use** and not for resale; this product will be taxed at the purchase price and not at "Suggested Retail" and that Immunotec will rely on my representation that the product is for personal use at the time of the automatic shipment order setup. Configuration of the Autoship can be customized. Please select a combination of Immunotec products for your qualification convenience.

Signature of Consultant: _____ Date: _____

(I have read and understood the terms and conditions set forth in this Agreement)

| Item # | Immunotec Products | Qty | Point Value | Price* | Total |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
| ☐ **CHECK HERE FOR IMMUNOCAL® (KOSHER)** | | | | | |

* Refer to US Price List.
** Freight is calculated on retail price. Freight: $9.75 minimum or 4.75% of retail price. (All orders are shipped via 2 to 6 business day ground service unless overnight is requested.) Flat rate for Immunocal® and Immunocal® Platinum: $3.50 per box (minimum $9.75).
***Applicable tax rates vary according to jurisdiction and are subject to change without notice.

| | |
|---|---|
| **Sub-total** | |
| **Shipping & Handling**** | |
| ☐ **Air (+$12 )** ☐ **Overnight (+ $25)** | |
| **Applicable Sales Tax***** | |
| **Total** | |

**METHOD OF PAYMENT** ☐ Visa ☐ MasterCard ☐ Certified Check or Money Order

I AUTHORIZE **IMMUNOTEC RESEARCH INC.** TO DEBIT MY VISA/MASTERCARD FOR THE CORRESPONDING TOTAL AMOUNT INCLUDING FREIGHT CHARGES INCURRED DURING THE TIME I REMAIN ON THE AUTOSHIP PROGRAM.

Card Number | | | | | | | | | | | | | | | | Expiration Date | | | | |

Signature of Card Holder: _____ Print Name of Card Holder: _____

| | | |
|---|---|---|
| (Internal Use Only) | Program: | R.O. |


Printed in Canada

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*December 2010*