

TCM Formulas... *your personal pharmacy*

OPENING AN ACCOUNT

Complete the financial & practitioner agreement below, fax or send a copy to TCM Formulas and you are all set!

Name:

License #:

Office Address:

Contact Numbers

Email Address

How did you hear about us?

PRACTITIONER AGREEMENT

Herbal formula orders may only be placed by qualified healthcare practitioners, qualified healthcare students, qualified healthcare facilities (e.g., pharmacies, medical clinics, and hospitals), or consumers having a prescription issued by a qualified healthcare practitioner. Other restrictions may apply.

You agree to notify TCM Formulas of any changes to your personal information as they occur and, if applicable, any change to your certification that may affect your qualification to conduct business with or purchase products from TCM Formulas.

Before prescribing or providing any formulas from TCM Formulas, you agree to release, indemnify, and hold harmless TCM Formulas and its officers, directors, employees, affiliates from any and all causes of action and consequences, liability, losses, and/or damages (including, but not limited to, personal injury to patients or others) arising from or related to the application or use (or misuse) of any TCM Formulas herbal prescription prescribed by you or provided by you to another.

These Terms and Conditions (and all such other specified terms and conditions as expressly set forth on the TCM Formulas' site, in price lists, and in sales and advertising materials) represent the full understanding between you and TCM Formulas regarding access and use of this site, its content and related products and services. Unless expressly agreed to in a signed document by TCM Formulas, these Terms and Conditions shall prevail over any other conflicting or additional communication between you and TCM Formulas or its representatives, affiliates, sponsors, and vendors.

Signature _____ Date _____

FINANCIAL AGREEMENT

We want you to have a clear understanding of our company’s policies concerning payment.

We accept Visa, Master Card, and American Express.

We expect that most providers will bill their patients before they order formulas from us. To expedite the process, we need to have a credit card on file. When we receive your orders, we will charge your card for the cost of the products ordered. This insures our ability to get your orders to you or your patients quickly.

Please understand that we cannot accept returns on pre-formulated or opened products. This is because some of our products are personalized only for your specific patient, and all of them are covered by FDA regulations concerning patient safety.

Please provide your credit card info below for our files. If there is any change made to the below information, please be sure to notify us of these changes before placing your orders.

___ Visa ___ MC ___AMEX

Print Name:

(as it appears on card)

Address

(where credit card bills are sent)

CC Number: _____

Expiration Date: ____/____

Your personal information is used for TCM Formulas business purposes only. We will never sell or lend your information to any third parties.

I hereby authorize TCM Formulas or its agents/employees to bill my credit card for orders made by me or my office.

Signature: _____

Date: _____

TCM Formulas

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