

TCM Formulas... *your personal pharmacy*

STARTING AN ACCOUNT

Name _____

Office Address _____

Contact Numbers _____

Email Address _____

How did you hear about us? _____

Complete the financial agreement below, fax or send a copy of your license and you are all set!

FINANCIAL AGREEMENT

We want you to have a clear understanding of our company's policies concerning payment. We accept Visa, Master Card & 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.

If you are ordering products ahead of time and are not worried about speed of delivery, we will accept checks made out to 'TCM Formulas' and mailed to 6629 Convoy Court, San Diego, CA 92111. In this case, orders will be filled after receipt of the check.

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.

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

___ Visa ___ MC ___ AMX

Print Name: _____

(as it appears on card)

Address _____

(where credit card bills are sent)

CC Number: _____ Expiration Date: ____/____

Signature: _____ Date: _____

- **MAIL** this signed agreement to 6629 Convoy Court, San Diego, CA 92111, or
- **FAX** it to **(877) 283-0678** (toll free)