

New Account Application Form

To qualify for an account with Nutrisearch, you must be a practicing health-care professional. Please print clearly and tick all appropriate boxes.

Contact details

Name _____

Trading as (your clinic name) _____

Your qualifications (please attach copies of your certificates/registration) _____

Postal address _____

Courier delivery address _____

Contact person for orders _____

Phone (clinic) _____ Phone (home) _____

Fax _____ Mobile _____

Email _____

Credit references

Name _____ Phone _____

Your clinic

Do you require technical support from our experienced technical and clinical consultant? Yes No

Any specific areas you would like support with? _____

Which companies' products or testing do you currently use? _____

How did you hear about Nutrisearch? _____

Please tick if you would like to receive our regular newsletter by mail email.

Do you have any further comments or recommendations on how we could improve our service to practitioners? _____

Areas of interest (please tick up to 3 boxes only)

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Fertility | <input type="checkbox"/> Women's issues | <input type="checkbox"/> Cardiovascular |
| <input type="checkbox"/> Thyroid | <input type="checkbox"/> Digestive | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Renal / Urinary |
| <input type="checkbox"/> Children's issues | <input type="checkbox"/> Men's issues | <input type="checkbox"/> Fatigue / CFS | <input type="checkbox"/> Immune / Allergies |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Cancer | <input type="checkbox"/> Neurological | <input type="checkbox"/> Musculoskeletal |

Other _____

Terms and conditions

Ordering

There are two ways you can place an order:

1. Call our Customer Service Department on +64 (6) 877 7230 or Freephone 0800 884 433 or email info@nutriscarch.co.nz
2. Complete the form and return to Nutriscarch via:
 - Fax to +64 (6) 877 7240 or
 - Email to info@nutriscarch.co.nz
 - Post to: Nutriscarch Ltd, PO Box 8177, Havelock North, Hawke's Bay 4157, New Zealand

Freight

Orders of \$200 or more shipping is free of charge. Orders under \$200 incur a freight charge of \$6.50 + GST. All orders received by 3pm (North Island only) will generally be delivered within 24 hours. All other orders will generally be delivered within one to two days of ordering. (Delivery times are approximate). Additional charges may apply for deliveries to rural addresses.

Please note freight charges are subject to change without notice.

Website terms

We request that no Nutriscarch products or Dr. Wilson's Adrenal Fatigue questionnaire are to be placed on any New Zealand website as they are Practitioner-only and are not available to the public without a consultation.

Damages, out-of-stock, part or non-deliveries

All orders must be inspected promptly upon receipt and Nutriscarch must be notified of any damaged stock, part or non-deliveries within three business days. Nutriscarch operates a back-order system, and any out-of-stock products will be back ordered. We will notify you of the expected delivery date. Prior authorisation must be received from Nutriscarch before products will be accepted for return.

Payment

Preferred payment method – please tick appropriate box.

- Cheque Credit Card (Please note, a 2% Credit Card Surcharge will apply to all card payments)
- Patient Order System Direct Credit

- Nutriscarch accepts Visa or Mastercard
- Unless your account has been approved and credit has been established, Nutriscarch requires payment in advance by credit card, direct credit or cheque.
- For credit account customers payment is due the 20th of the month following the invoice date.
- You agree to have your account changed to 'payment before delivery' if the payment terms are or cannot be met.
- All goods will be invoiced and applicable GST charged at 15% as at the time of order processing.
- All goods remain the property of Nutriscarch Ltd until full payment is made.

Name (please print) _____

Trading as (your clinic name) _____

Position held _____

Signature _____ Date _____