Tiens Australia Pty Ltd
ABN 41 101 598 681

Unit 31, 11-13 Brookhollow Avenue , Norwest Business Park
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Tel: 1300 723 385 Fax: (02) 9899 3629

www.tiens.com.au

Independent Consultant / Preferred Autoship Agreement

Independant Consultant ID | | | | | | | | | DATE: | | | | | | | | |

☐ New Agreement ☐ Amended Agreement

The Autoship Programme For Tiens Consultants

Consultants participating in Autoship receive the convenience of having a personalized selection of Tiens products delivered directly to their home or office each month

☐ I am a consultant please enrol me in Autoship

The Preferred Customer Autoship Programme

Tiens offers its preferred customers the opportunity to purchase a customised order of products at wholesale prices. By taking advantage of the preferred customer Autoship programme, you recieve the convenience of having this custom order automatically shipped to your home or office each month at the Wholsale Price

☐ Please enrol me as a Preferred Customer

Independent Consultant Information (Please Print Legibly)

Mr / Mrs / Miss
Appicant's Name

First Name | Last Name

Business Details:

Business Name (If Applicable) | ABN

Address:

Street Number | Street Name

Street Name (Continued) | Suburb

State | Postcode | Country

Home Ph: ( ) | Mobile: | Fax: ( )

Email:

Payment Information / Authorisation

Payment Method (Please tick the appropriate box)

☐ VISA ☐ Bankcard ☐ Mastercard Expiry Date | |

Credit Card Number | | | |

☐ I authorise Tiens Australia Pty. Ltd. to debit my credit card and making any adjustments for the correct amount of my order if i have made a calculation error.

Cardholders Name:_____ Cardholder's Signature:_____

Product Code	
Quantity	
Description	
Wholesale Price	$
Consultant Total	$
FREE DELIVERY*	$
TOTAL	$

* Free delivery applies to all Subtotal Autoship orders over 100BV
Delivery Independant.
Minimum Autoship Order is 50 BV
All Prices Include GST

I have carefully read and agree to all the terms and conditions on the front and back of this agreement. I understand that this agreement will remain in effect for a minimum of three months. The products I purchase are for my own use and I agree that I will not resell Tiens products unless I am also a Tiens Independant Consultant.

Signature:_____

Name
(Please Print)_____

Date:_____