

## New Account Application Form (Student/Intern)

## 新客戶帳戶開設申請表 (for 學生/實習醫生)

Date of Application 填寫日期 \_\_\_\_\_



Customer A/C No.

OPOS Username

Temporary

Password : **bema**

## Personal information 個人基本資料

Name 姓名		Birthday 生日		Student Registration No. 學生註冊號碼: _____	
Residential Address 住家地址				Category: <input type="checkbox"/> TCM <input type="checkbox"/> ND <input type="checkbox"/> Others	
Street Number _____				Clinic Supervisor's name (if applicable) _____	
City		Province		Postal Code	
School name 學校名稱 ** (MUST) 務必填寫				Home Tel 住家電話 ( )	
School /Internship Clinic Address 學校實習診所地址				Clinic/School Tel 診所或公司電話 ( )	
Street Number _____				Cell 手機 ( )	
City		Province		Postal Code	
Contact Email ** (Important! This will be used for confirming your future order)				Fax 傳真 ( )	

\*\*Primary mailing address :  Home  School Clinic

## Credit Card Info 信用卡資料

Card Number 卡號												Expiry Date 到期日	
												/	
Name on the card 卡上姓名						Signature				Card Type 信用卡類別			
										<input type="checkbox"/> Visa <input type="checkbox"/> MC			

Would you like to sign up for receiving the free eNewsletter "TCMDATA"?  YES  NO

您是否想免費收到經電子郵件寄發的 TCMDATA 中醫藥學術電子報?

Would you like to receive our monthly member only Super Sale information?  YES  NO

您是否想收到我們每月的特殊促銷優惠通知以及新產品的介紹?

You need to provide us a valid email address in order to receive the above.

Signature of applicant

## For BEMA use only

Application Received Date

Approval

OPOS Setup

LightSpeed Setup