



Please check one:

New Order	<input type="checkbox"/>
Modify Order	<input type="checkbox"/>

AUTOSHIP ORDER FORM

Leader Name:	ID#:																		
Email address:	Fax:																		
Phone:	Date:	/	/																
Mailing address	Shipping address:																		
	<small>(we cannot ship to PO Boxes)</small>																		
City, State Zip Code:	City, State Zip Code:																		

Autoship Order Yes, I want to capture all reorder volume and maintain my active status. As a convenience to me, please ship the Isagenix order indicated below every 30 days.

(pick 1) Start my Order immediately Start my order in NEXT Volume Month

Qty	SKU and Description	Price*	BV

* Shipping & Handling & Tax not included. Shipping & Handling non-refundable.

Owner's Name as shown on Check or Credit card:	
Check or CREDIT CARD BILLING ADDRESS:	
(city)	(state) (zip code)
Check Bank Name:	Branch Name,#, or city:
Attach VOIDED check for processing. BANK ROUTING NUMBER:	
Account#:	Check#:
Credit Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express	Credit Card Security Code:
Card#:	Exp. Date: / /

I authorize EliteFitForever to charge my card for the products above

Signature: _____

Initial Here For my convenience and to guarantee the continuance of my business and all other related benefits, I have elected to have EliteFitForever charge my credit card or debit my checking account each month until I send written notice of my desire to terminate this charge or debit. I certify that at least 70% of my previous orders have been consumed by me and/or sold to retail customers. I will not purchase products solely for the purpose of maintaining an unwarranted inventory, or simply to meet sales volume goals.

Applicant Signature: _____ Date: _____

Office Use:	Date: / /	Processed By:	Order #:
-------------	-----------	---------------	----------

