Youngevity®
NEW ZEA LAND
ESSENTIAL LIFE SCIENCES

Unit B, 6 Douglas Alexander Parade • Albany, Auckland 0632
Local Number: (9) 414 6223 • Facsimile: (9) 414 6331
PO Box 303216 • North Harbour, Auckland 0751
Toll Free: 0800 DRJOEL (375635)
email: info@youngevity.co.nz • www.youngevity.co.nz

AutoShip Order Form

Presented by

An Independent Associate

DATE: _____

Ordered By: (must match credit card billing information)

Associate ID #: _____

Associate Name: _____

Billing Address: _____

City: _____ Post Code: _____

Telephone: _____

Ship to:

Ship to Name: _____

Ship to Address: _____

City: _____ Post Code: _____

Telephone: _____

❑ New Autoship ❑ Change Autoship ❑ Cancel Autoship

CODE #	QTY	PRODUCT DESCRIPTION	BV	PRICE	TOTAL
		Total (must be completed)		Subtotal	
				Total Remittance $	

METHOD OF PAYMENT

Credit Card ❑ VISA MasterCard AMERICAN EXPRESS

Exp. Date: _____

Card No.: _____

Name on Credit Card: _____

Customer Service Number (CSN): _____

I, the undersigned, hereby authorize Youngevity®, or its agents, to charge my credit card specified above in the amount designated in the TOTAL MONTHLY REMITTANCE box. I want this agreement to automatically renew every month until I submit a written change or cancellation as specified in the **AutoShip Policies and Procedures.** I have read and understand the **AutoShip Policies and Procedures** found on the back of this form. I agree to the terms and conditions outlined in the **AutoShip Policies and Procedures**.

Date to begin Autoship (2nd-25th): _____

PLEASE READ POLICIES & PROCEDURES PRIOR TO SUBMITTING FORM

Signature: _____ **Date:** _____

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