New Zealand Autoship Agreement Form

USANA Health Sciences (NZ) Corp.
PO Box 305001 Triton Plaza
North Shore City 0757
25 Canaveral Dive, Albany 0632
Auckland New Zealand
GST 069-107-461
0800-370-126 Order Line
0800-370-127 Fax Line
(61-2) 9842-4600 USANA Support Services
www.usana.com Online Ordering

Associate/PC Number

☐ Ship Immediately (please tick this box if you would like order dispatched immediately)

Day Phone

Name (Last, First, Middle)

Evening Phone

Shipping Address

City Post code

Fax Number

Please tick one

☐ **Please enrol me in the Autoship program. I understand I will receive my designated order every 4 weeks after my initial order**

☐ **Please change my current Autoship. Changes to Autoship orders need to be received by 5pm Thursday prior to your Autoship week or by 4pm Wednesday prior to your Autosip week if you are paying by Autopay (Direct Debit)**

AUTOSHIP ORDER "A" (please tick the corresponding box below)

☐ New Autoship "A" ☐ Change to Existing Autoship "A" Autoship Start Date ____/____/____

Item #	Product Name	Qty	Sv Pts	Autoship Value
				*Shipping & Handling $11.00
			Total SV Pts	Total Due $

☐ **Item#824 USANAtoday Income Maximizer Fee $33.00** (includes monthly subscription to DLM, eCards, Webhosting and Web Conferencing)

AUTOSHIP ORDER "B"

WITH AUTOSHIP ORDER "B" YOU HAVE THE OPTION TO ALTERNATE ORDER "A" AND ORDER "B" EVERY OTHER 4 WEEK CYCLE.

☐ Alternate Autoship Order "A" and Autoship Order "B"

☐ New Autoship "B" ☐ Change to Existing Autoship "B" Autoship Start Date ____/____/____

Item #	Product Name	Qty	Sv Pts	Autoship Value
				*Shipping & Handling $11.00
			Total SV Pts	Total Due $

Payment Method

☐ VISA ☐ Mastercard ☐ Amex ☐ Diners

☐ Autopay (For Autopay, please submit two AutoPay Forms along with proof of Bank Account details)

Card holder Number Expires

Card holder Name

Signature of Card holder

Backup Payment **(not applicable when using Autopay)**

☐ VISA ☐ Mastercard ☐ AMEX ☐ Diners

Card holder Number Expires

Card holder Name

Signature of Card holder

PAYMENT OF AUTHORISATION

I authorise USANA to withdraw payment from my Autoship Order from my credit card or from my bank account if I am enrolled in the Autopay program. USANA is authorised to withdraw payment equal only to the amount of the products I order, plus shipping or for the amount of Autoship Order I have established (plus additional amounts for substitute products if my regular products are available) and shipping. Prices and fess are subject to change without prior notice. In the event a charge is dishonored for any reason I agree to pay a $37 service fee. I certify that I have sold at least 70% of USANA products previously ordered by me.
Further I understand and acknowledge that products previously certified as sold, including such products from Autoship Orders cannot be returned to the Company upon termination and registration.

Associate /PC Signature _____ Date _____

*All prices quoted are inclusive GST

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