

MALAYSIA **Preferred Customer Application**

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UHS Essential Health (Malaysia) Sdn. Bhd. (667404-V) License No. AJL 931657 M.01 & M.02, Menara Axis No. 2, Jalan 51A/223 46100 Petaling Jaya, Selangor Darul Ehsan Distributor Service Hotline: 03-7953 8028 Distributor Service Fax: 03-7953 8100 Distributor Service eMail: distservmy@usana.com

Enrolment Information

To enrol in the Preferred Customer Programme call Distributor Services at (603) 7953 8028 or simply fill out the form and mail or fax it to Distributor Services at the address and fax number provided on the top right corner of this form.

As a new Preferred Customer, you are authorised to purchase USANA products for personal consumption only.

Preferred Customer Information

My Kad / I.C. Card No.	
Home Tel. No.	
Office Tel. No.	
Mobile Phone	
Fax Number	
Name	
Postal Address	
	Postal Code
Placement Information	
Sponsor's Phone	
Sponsor's Name	
Sponsor's Distributor Numbe	r Business Centre Linkage (Check one)

[] New Autoshi	orm and Agreement p [] Change to Existing OR [] Delivery	Autoship] Initial Order
Item #	Description	Qty	Price
[] VISA [] Mastercard [] Public Bank Bhd account (Please submit DDA Form)		Price (Grand Total)	
		Delivery**	
Credit Card Number Expiry Date			
		M M Y Y	Total Amount Due
Cardholder's Name		**Delivery fee will be charged as follow	
Signature			Order Value Delivery Fee Up to RM1,000 RM10.00 Above RM1,000 FREE

Autoship Agreement

By signing this Autoship Agreement, I agree to participate in USANA's Autoship Programme. I understand that my participation in the Autoship Programme is voluntary and that USANA does not requires its Preferred Customers to participate in the Autoship Programme as a prerequisite to becoming a Preferred Customer. As a Preferred Customer, I may purchase directly from USANA without enrolling in the Autoship programme. I understand that I may cancel my Autoship Agreement without penalty at any time by giving written notice to USANA at the address set out herein. I also understand that I may return any products I purchase from USANA subject to USANA's buy-back policy as set forth in the USANA's Policies and Procedures or amendments thereto. I hereby authorise UHS Essential Health (Malaysia) Sdn Bhd to charge the above referenced account identified in this Agreement for the amount of this Autoship and any and all subsequent Autoship Order(s). By signing below knowledge that I have read and agree to the Terms and Conditions of this Agreement.

By signing this Application Form, I agree to be bound by USANA's Policies and Procedures applicable to Preferred Customers. This Application does not entitle me to any benefits or opportunities extended to Distributors under USANA's Binary Compensation Plan. I understand USANA does not authorise Preferred Customers to sell or resell USANA's products. Preferred Customers are prohibited from presenting themselves as Distributors or representatives of USANA.

Date

Your Independent USANA Distributor is available to service your needs and answer any questions that might arise. Make sure you write his/her phone number in a permanent place for future use. You may also contact our USANA Distributor Representative at the number above.

> Signature Please make a photocopy for your records