



Philippine Preferred Customer First Order Form

UHS Essential Health Philippines, Inc.
 24th Floor, Tower 1, The Enterprise Center,
 6766 Ayala Avenue corner Paseo de Roxas,
 Makati City, Philippines 1200
 distserv@ph.usana.com Customer Service
 (632) 858-4500 Phone Order Line
 (632) 858-4599 Fax Order Line

Item #	Description		Autoship Price	Wholesale Price	Qty	Total PHP (P)
USANA® Nutritionals						
101	Essentials™	224 Tablets	P 2,400.00	P 2,670.00		
133	Proflavanol®	90 Tablets	P 1,600.00	P 1,780.00		
123	CoQuinone™ 30	56 Tablets	P 2,200.00	P 2,450.00		
122	BiOmega™	56 Capsules	P 1,150.00	P 1,280.00		
135	Hepasil DTX™	84 Tablets	P 1,750.00	P 1,950.00		
120	Active Calcium™	112 Tablets	P 1,050.00	P 1,170.00		
131	Procosa II™	120 Tablets	P 1,750.00	P 1,950.00		
134	Visionex™	56 Tablets	P 1,750.00	P 1,950.00		

SAVE P100 when you place orders ONLINE! Online discount applies to self-collection orders above P 7,000 and all home delivered orders.

Shipping Fee*

TOTAL P

*Shipping fee is 3% of the total order or a minimum of P250 whichever is greater. For orders totaling more than P30,000, shipping is free.

Preferred Customer Information	
Preferred Customer ID	Preferred Customer Name
Street Address	Phone Number
City/Municipality	Province
	Zip Code
This order is for <input type="checkbox"/> Self Collection (Makati City Office) <input type="checkbox"/> Home Delivery	Type of order: <input type="checkbox"/> One-time order* (You pay Wholesale Price if this is a one-off order.) <input type="checkbox"/> Autoship Order (You pay Autoship Price for this and subsequent orders if you enroll in USANA's autoship program, where orders recur every four weeks.)
Method of Payment <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> PPS <input type="checkbox"/> Cash (office only)	Card Number <input type="text"/>
Autoship Agreement: I authorize UHS Essential Health Philippines, Inc. (USANA) to receive payment for my Autoship order(s) from my credit card identified in this agreement. USANA is authorized to withdraw payment equal only to the amount of the products that I order, plus applicable sales taxes and shipping or for the amount of the Autoship Order I have established (plus additional amounts for substitute products if my regular products are unavailable) and sales taxes and shipping. Prices and fees are subject to change without prior notice. In the event a check or charge is dishonored for any reason, I agree to pay a service fee.	Card Holder Name
	Card Expiry Date (mm/yy) <input type="text"/> / <input type="text"/>
	Signature

Sponsor Information	
Sponsor ID	Sponsor Name
	Phone Number
Please place this Preferred Customer to the <input type="checkbox"/> Left side or <input type="checkbox"/> Right side of my Business Center <input type="text"/>	