



MEMBER
Direct Selling Association
of New Zealand

Associate Number

Name (Surname, First, Middle)

Phone Number _____ Email _____

Shipping Address	City	Post Code
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Please apply the sales volume generated by this sales order to Business Centre _____
(To place orders in additional Business Centres, Business Centre 001 must have 200 points in Personal Sales Volume during current four-week rolling period.)

- ☐ **Single Product**

☐ Please enrol me in the Auto Order Program. I understand I will receive my designated order every four weeks after my initial order.
Initial Here _____
You can cancel your Auto Order by calling USANA or by logging into The Hub.

☐ **New Auto Order**
Auto Order Start Date _____

☐ **Change to Existing Auto Order**
(Changes to Auto Orders need to be received by 5pm Wednesday the week prior to the Auto Order release date.
Changes to Auto Orders paid by AutoPay need to be received by 5pm Tuesday the week prior to the Auto Order release date)

☐ **Business Accelerator Suite Fee** (includes monthly subscription to Team Manager, My Personal Website, Share USANA Media Centre, and Customer Connect) Item # 824 • \$34.00*

For this order, do you want to:

☐ *Pick it up from our Auckland Office

☐ *Have it delivered to you
(\$11.00 Shipping)

☐ **Authority to leave parcels without signature

¹⁹By ticking the Authority to leave parcels without signature box, the applicant authorises USANA Health Sciences (NZ) Corporation and Courier Post to leave **all future online orders** at the applicant's address without a signature. The applicant also agrees to the full Terms and Conditions of the Authority to Leave Declaration on the bottom of this Agreement. Please see the bottom of this Agreement for full Terms and Conditions.

Item#	Qty.	Product Name	SVP	Product Price*
Total SVP				
Shipping (if applicable) subject to change.				
Grand Total				

*All prices quoted are GST inclusive and are subject to change.

Information regarding USANA's return policy can be found online at: <https://www.usana.com/ux/dotcom/#!/en-NZ/terms>

METHOD OF PAYMENT

☐ Bank Cheque/M.O.***

☐ Visa

☐ MasterCard

☐ Amex

☐ AutoPay
*(For all orders except initial orders.
Please complete and attach Autopay Form)*

Personal cheques will not be accepted on first, initial orders.
***Bank Cheque/M.O. not accepted for Auto Order.

Cardholder Name

Card Number

Expiration Date

Cardholder Signature

AUTO ORDER AGREEMENT

I authorise USANA Health Sciences (NZ) Corporation to withdraw payment for my Auto Orders from my credit card or bank account identified in this agreement. If I have elected to participate in the AutoPay Program, I hereby authorise USANA Health Sciences (NZ) Corporation to electronically withdraw payment from my checking account for any order I place directly and for Auto Orders as authorised in the Associate Agreement. USANA is authorised to withdraw payment equal only to the amount of the products that I order, plus applicable taxes and shipping for the amount of the Auto Order I have established (plus additional amounts for substitute products if my regular products are unavailable) and shipping. Prices and fees are subject to change without prior notice. In the event a cheque or charge is dishonoured for any reason, I agree to pay a \$8.00 NZ service fee.

I certify that I have sold at least 70% of USANA products previously purchased by me. Further, I understand and acknowledge that product previously certified as sold, including such product from Auto Orders, cannot be returned to the company upon termination or resignation.

By signing this document, you agree to the terms and conditions of your purchase and you give USANA permission to contact you by e-mail, text/SMS, instant message, and phone regarding your order, your Customer account, product offers, and related matters. You may withdraw your permission at any time by contacting USANA at the numbers listed above.

Signature

Date

SHIPPING & HANDLING

[†]Shipping charge waived for initial orders that exceed 200 SVP if the Associate enrolls on a 100 PV Auto Order. All other orders, regardless of size are subject to a shipping charge of \$11.00.

^{††}Terms and Conditions for Authority to Leave Declaration: I/We agree that any goods delivered under this authority shall be deemed as being delivered, as if they had been signed for in accordance with Courier Post's normal delivery procedure. Courier Post and USANA Health Sciences (NZ) Corporation may use this authority in substitution for the receiver's signature.