



2400 Boswell Road, Chula Vista, California, USA 91914

New AutoShip     Change AutoShip     Cancel AutoShip

# AutoShip Order Form

Customer Service Telephone: 800.982.3189

Main Telephone: 619.934.3980

Fax: 619.934.3205

## Ordered By: (must match credit card billing information)

Associate ID #: (not SSN) \_\_\_\_\_

Associate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Payment Information:

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Name of Issuing Bank: \_\_\_\_\_

Customer Service Number found on back of card or on statement

This is used only to verify information: \_\_\_\_\_

Product	Code	Quantity	Bonus Volume	Price	Extended
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
<b>Total (must be completed)</b>					\$

<b>Sales Tax (CA Residents add 7.75%)</b>	<b>\$</b>
<b>Total Monthly Remittance</b>	<b>\$</b>

Presented by

**An Independent American Longevity Associate**

I, the undersigned, hereby authorize American Longevity 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**.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Policies and Procedures for AutoShip

1. AutoShips will be fulfilled on a day chosen by American Longevity. You will be notified of your scheduled ship date. (There is only one autoship per associate ID.)
2. All new AutoShip requests must be received in the office of American Longevity by the last business day of the month to be processed for the following month.
3. American Longevity is not responsible for delays in the delivery of an AutoShip request caused by the U.S. Postal Service, or any other courier service public or private.
4. All AutoShip requests must be received on an official American Longevity AutoShip Order form. The order form must be filled out completely. Any omissions of information will render the AutoShip request invalid and will need to be resubmitted.
5. American Longevity can receive faxed, photocopied, internet and original autoship forms. AutoShip requests will be accepted with the original signature. American Longevity cannot receive a request for AutoShip via the telephone.
6. All AutoShip requests must be paid with a credit card which will be billed monthly.
7. At this time American Longevity does not accept any other payment method for AutoShip.
8. All AutoShip forms must have the billing address of the credit card (this information will be verified with the credit card company). Any information found to be incorrect will render the AutoShip request to be invalid and will need to be resubmitted.
9. AutoShip orders are not automatically qualifying orders. An AutoShip order may be of any size. It is the responsibility of the individual Associate to qualify for commissions with the required Personal Volume purchase.
10. Any and all changes to an existing AutoShip are treated as a new AutoShip Request and are subject to the same requirements. Any and all changes to an existing AutoShip must be clearly identified as a change to avoid a duplicate AutoShip order being created.
11. American Longevity is not responsible for any information found to be inaccurately represented by any financial institution.
12. American Longevity is not responsible for credit cards not authorized for payment of an AutoShip order. Any order not authorized for payment via a credit card will be cancelled for that month. Any order not authorized for payment via a credit card for two months in any twelve month period will be rendered void and be required to be resubmitted with another credit card number as payment. If the new credit card is not authorized for payment during the twelve month period the associate will not be allowed to AutoShip and will instead need to place orders using other methods.
13. American Longevity will cancel any AutoShip that is subject to a consumer credit card charge back. An AutoShip cancelled for this reason is not eligible for renewal.
14. An Associate may change an AutoShip every sixty days via the internet or mailed to the corporate office.
15. Unauthorized duplication of an AutoShip Form is prohibited. Written permission from American Longevity is required before any duplication of any form is permitted.
16. Any AutoShip that is refused delivery will be issued a refund upon receipt. American Longevity processing fees will be deducted for all refunds issued on AutoShips. This also applies to AutoShips refused delivery.
17. A cancellation letter must be submitted to American Longevity to cancel an existing autoship order. The cancellation letter may be faxed or mailed.