BUSINESS ASSOCIATE / PREFERRED CUSTOMER MONTHLY AUTO-SHIP FORM

AMEGA® GLOBAL
Live the Energized Life!

INSTRUCTIONS

Amega Business Associates or their Preferred Customers may enroll in Auto-ship at any time. As a Business Associate, the Auto-ship program is an excellent way to ensure you are Active and Qualified each month. Preferred Customers enjoy the benefit of receiving Amega products at the same wholesale cost as our Business Associates in return for maintaining a monthly Auto-ship order.

Auto-ship or Preferred Customer status may be changed, adjusted, canceled or restarted at any time at your discretion. Your order will be immediately fulfilled and then sent during the week that you specify below.

Enrolling Business Associate Information

BA Name	BA ID Number

Personal Details

Full Name		
Address		City
State/Province	Zip/Postal Code	Mobile Number
Country	Email	Home Phone Number

Auto-ship Order

CODE	NAME	QTY	AMOUNT
**Currently, AMFood DNA and Natural Brine are the only two products available for Auto-ship* ☐ *Send order immediately and then send every month on the* ☐ *1st* ☐ *2nd* ☐ *3rd* ☐ *4th week of every month.*		S&H USA - $9.95 • S&H Canada - $18.95 ☐ Will Call	
☐ ***Ship To:*** *(if different than above)* ***To:*** _____ ***Address:*** _____ ***City:*** _____ ***State/Prov.:*** _____ ***Zip/Postal Code*** _____ ***Email:*** _____ ***Shipping Contact Phone: ( )*** _____		Tax	
		Total Purchase	

Payment Details

Full Name: (As appears on the Check or Credit Card Or Bank Account)			Payment Type: ☐ CHECK ☐ ACH DEBIT ☐ VISA ☐ MASTERCARD
☐ Credit Card Number ☐ Bank Account Number (ACH Debit)	Card Expiration mm/yy	Card CVV Code	Bank Routing Number ☐ US Acct. ☐ Non-US Acct.

☐ *I have read and agree to the Amega Global, LLC Terms & Conditions and Policies & Procedures documents. I agree that Amega Global LLC and its subsidiaries are not responsible for funds collected by a second party. Enrollment is not confirmed until payment is verified. I am the owner and authorized signatory for the credit card / bank account mentioned herein.*

Signature: **Date:**

For office use:	Remarks: (BA)
PCN Number	

AMEGA WORLDWIDE INC™ | 16160 Scientific Way Irvine CA 92618 | PH (949) 528-2418 FX (949) 954-8566 | eAmega.com AmegaWorldwide.info

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