AMEGA WORLDWIDE INC. WHOLESALE PRODUCT ORDER FORM

AMEGA® GLOBAL
Live the Energized Life!

Instructions: Complete the form below to order Wholesale Products. You must be an Amega Business Associate or Preferred Customer to receive products at the Wholesale Cost. You may fax this form to the number below, mail to the address below, or deliver in person to our office.

This Order is for : ☐ BA Purchase ☐ Preferred Customer Purchase

Personal Information

Full Name	BA Name (If Applicable)	BA ID Number (If Applicable)

Address	City

State/Province	Zip/Postal Code	Mobile Number

Country	Home Phone Number

Email	Office Phone Number

Order

CODE	NAME	QTY	AMOUNT

☐ ***Ship To:*** *(if different than above)*

To: _____

Address: _____ *City:* _____ *State/Prov.:* _____

Zip/Postal Code _____ *Email:* _____ *Shipping Contact Phone: ( )* _____

S&H USA - $9.95 • S&H Canada - $18.95 ☐ Will Call	
Tax	
Total Purchase	

Auto-ship Order*

CODE	NAME	QTY	AMOUNT

**Currently, AMFood DNA and Natural Brine are the only two products available for Auto-ship*

☐ *Amega Worldwide Inc. is hereby authorized (until otherwise instructed) to deduct the amount of my monthly Auto-ship order from my payment information herein each month. Auto-ship orders must be paid with Credit Card.*

☐ *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	
Tax	
Total Auto-ship Purchase	

Payment Details

Full Name: (As appears on the Check or Credit Card Or Bank Account)

Payment Type:
☐ CHECK ☐ ACH DEBIT ☐ VISA ☐ MASTERCARD ☐ CONTRA

☐ Credit Card Number ☐ Bank Account Number (ACH Debit)	Card Expiration	Card CVV Code	Bank Routing Number ☐ US Acct. ☐ Non-US Acct.
	mm/yy		

☐ *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)

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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