

AUTOSHIP ENROLLMENT & CHANGE FORM

Personal Information			
Name			
Address			
City	State	Country	Zip
Telephone	FAX		

Enrollment Request

Enroll me into NUPRO's AutoShip program. (Complete payment information below.) I understand that I may order any commissionable products from NUPRO at wholesale to meet this requirement. I further understand that in order to be fully qualified as an AutoShip distributor, my orders for each month must equal or exceed 60 BV for a Manager, Director or Executive Director, my group volume must be met (Manager 2,001+, Director 6,001+ and Executive Director 12,001+) and my specified AutoShip will automatically be sent. I authorize NUPRO to fill this order monthly, as follows:

	Item Description	Qty	Price	BV
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

AutoShip Cancel Request

I wish to cancel my AutoShip enrollment. I understand this will disqualify me for Manager, Director and Executive Director Positions and Leadership Bonuses.

Method Of Payment

- " MasterCard
 - " VISA
 - " Bank Draft
- " DISCOVER " AMEX (must attach a voided check and check authorization form)

NAME _____

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Credit Card Number

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Expiration Date

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SIC

Billing Address _____

Authorized Signature _____

AutoShip changes need to be received by NUPRO by the 20th of the month for the change to take place in that month.

CHECK ORDERS WILL BE SHIPPED UPON ACCOUNT AND FUNDS VERIFICATION.