CHECK AUTHORIZATION FORM

To authorize the purchase of NUPRO products using enclosed initial Order Form

I wish to place an order for NUPRO Products, and hereby authorize NUPRO to duplicate the attached check in bank draft form. I understand that I will receive with my order, a **Check Authorization Notice**, notifying me that a **duplicate** bank draft has been deposited on my behalf for said purchase.

I understand that the **Payee** or authorized agent of Payee, will sign the bank draft as my agent for this transaction only.

PLEASE CHECK AUTHORIZATION #1 or #2

Will this be your form of payment for: AutoShip? ☐ Yes ☐ No

(If yes to either option, you must select authorization #2 and attach a completed AutoShip Form)

[ ] **Authorization #1** - This authorization is **valid for this transaction only.** No other bank drafts may be created without my/our direct written or verbal authorization.

[ ] **Authorization #2** - This authorization is **valid for this transaction and any future transactions** that may be processed by Nutraceutical Products Company providing that a notice is sent that the draft has been issued.

Dated: _____ Signed: _____

Authorized signee

Note: If you are **FAXING** your order to us, place your check in the area below.

Apply tape at top of check only

TAPE YOUR CHECK HERE

(If faxing, keep the attached check for your records)

FAX TO: Nutraceutical Products Company
303-660-6351