

AUTOSHIP ENROLLMENT FORM

Simply fill out the information below and on back and mail or fax in.

BILL TO: (Please Print)

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone: Area Code () _____

SHIP TO: If Different From Above

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone: Area Code () _____

UPS Does Not Ship to PO Boxes

Autoship is only available with your valid credit card; we cannot accept checks or money orders. I would like to use the following credit card:

Card Type (check one) MasterCard Visa Discover American Express

Card Number

Expiration Date

Name On Credit Card

Cardholder's Signature

PLEASE CHECK ONE: New Plan Change To An Existing Plan

Please Indicate Desired Start Month _____

Circle Type Of Plan (Please See Previous Page For Explanation Of Plan Types):

MONTHLY

BI-MONTHLY 1 (Jan., March, May, July, Sept., Nov.)

BI-MONTHLY 2 (Feb., April, June, Aug., Oct., Dec.)

My signature below indicates that I have read and accepted all the terms and conditions included in the Bio Innovations Autoship Program Agreement stated below, the terms of which, by this reference, are fully incorporated herein on this form.

Signature _____

Date _____

Enrollment cannot commence without all information completed. Form must be received 10 days prior to Plan shipment date for Program to begin that calendar month.

fax: 469.723.6701

P R O D U C T S F O R A U T O S H I P

Item #	Product Name	Qty	Price
TOTAL			

A G R E E M E N T

The Bio Innovations Autoship Program ("Program") is an optional agreement by which a Customer places a continuing (or "standing") product order to be charged against his/her credit card. By completing and signing this Agreement ("Program Agreement"), Customer desiring to participate in the Program agrees to the following terms and conditions: I understand and agree that the products selected on the Program Agreement will be sent to me at the address listed above each and every month as I have indicated. Any changes I wish to make to my Autoship order must be made in writing and must be received by Bio Innovations at least 10 days prior to my next autoship shipment date in order to be processed in time. If my changes, cancellations or new Autoship order is not received within 10 days of my next autoship shipment date, changes will be implemented after the next order has shipped. Autoship order may be altered once per Autoship cycle. The method of payment I have selected will not be changed without my prior written notification. I understand that Bio Innovations may discontinue or implement price adjustments to the specific products that I have chosen to receive on my Program Agreement. In such situations, Bio Innovations will publish the relevant information in Bio Innovations publications and will continue to fulfill my Autoship order, unless I direct Bio Innovations to make other arrangements. Prices will be automatically adjusted to reflect such amendments. I authorize Bio Innovations to establish an automatic credit card debit arrangement as specified in the Program Agreement to pay for each monthly Autoship order. Bio Innovations will make no other charges to my credit card account except those that I have authorized. In order to prepare my product to ship on the indicated date, I understand that my credit card may be charged up to 7 business days prior to the scheduled shipment date. I shall hold Bio Innovations harmless for all special or consequential damages, whether direct or indirect, resulting from any wrongful debit to my account. I understand and agree that this Agreement may be immediately terminated without notice if credit cards(s) to which product purchases have been charged become expired, canceled, declined or otherwise terminated. I understand that I have the right to terminate the Program Agreement at any time, with or without reason. I understand and agree that Bio Innovations may terminate this Program Agreement at any time, with or without reason, without written notification. I understand that all products ordered under the Program unless otherwise indicated may be returned according to Bio Innovations' regular Product Return guidelines then in effect and that all Autoship Program refunds will be subject to a 15% restocking fee. I understand that Bio Innovations reserves the right to modify the Autoship Program at its discretion without prior notice. I understand that, aside from any Bio Innovations-instituted termination of Agreement, this Agreement will remain in effect until I either change this Agreement or cancel this Agreement. Cancellation will be effective in the calendar month in which it is received by Bio Innovations, provided that my account has not yet been charged for that month. Otherwise, cancellation will become effective in the month following the month in which my cancellation notice is received by Bio Innovations. I understand that I may request the Autoship Program be held for one shipment only. A request to hold the Autoship Program longer than one shipment will be considered a cancellation.