

**HEALTHNET PRODUCTS INC.**

Box 27007, Willow Park P.O., Kelowna, B.C., Canada, V1X 7L7

Phone: (250) 491-0610  
E-mail: sales@healthnetproducts.com



Fax: (250) 491-0520  
Website: www.healthnetproducts.com

**MONTHLY AUTO-SHIP ORDER FORM**  
Print and fax this form to (250) 491-0520

**CUSTOMER NAME:** \_\_\_\_\_

Address (No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_

Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- 1. I understand that Auto-Ship is an option, and is designed for the convenience of Healthnet International Inc. and their preferred customers.
- 2. I understand that my Auto-Ship order can be changed at any time by filling out a new Auto-Ship form, and mailing or faxing it to Healthnet International Inc. five (5) business days before my regularly scheduled Auto-Ship date of the 15th of each month.

**AUTHORIZATION TO HONOR PRE-AUTHORIZED PAYMENTS**

**FOR CREDIT CARDS:**

Name as it appears on the card: \_\_\_\_\_ VISA:  M/C:  OTHER:

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Starting Month/Year \_\_\_\_/\_\_\_\_ Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_

**FOR POST DATED CHEQUES:**

**Our AUTOSHIP PROGRAM will accept post-dated cheques for a minimum of THREE MONTHS. Please ensure that the cheques are filled out completely and correctly.**

PRODUCT DESCRIPTION	QUANTITY	PRICE	TOTAL
LONGEVITY Q - 100 - SINGLE BOTTLE		\$39.95 Cdn.	
<b>Sub-total</b>			
<b>Shipping</b>			\$ 8.00
G.S.T. (#87910 4511) (5%)			
<b>BILLING and SHIPMENT DATE? - 15th of the month</b>		<b>TOTAL</b>	