

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 Products 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 Products 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		\$49.95 Cdn.	
Sub-total			
Shipping			\$ 8.00
G.S.T. (#87910 4511) (5%)			
BILLING and SHIPMENT DATE? - 15th of the month		TOTAL	