BUSINESS ASSOCIATE / PREFERRED CUSTOMER MONTHLY AUTO-SHIP FORM

AMEGA GLOBAL
Live Life Energized

INSTRUCTIONS

Amega Business Associates or their Preferred Customers may enroll in Auto-ship at any time. As a Business Associate, the Auto-ship program is an excellent way to ensure you are Active and Qualified each month. Preferred Customers enjoy the benefit of receiving Amega products at the same wholesale cost as our Business Associates in return for maintaining a monthly Auto-ship order.
Auto-ship or Preferred Customer status may be changed, adjusted, canceled or restarted at any time at your discretion. Your order will be immediately fulfilled and then sent during the week that you specify below.

Enrolling Business Associate Information

BA Name	BA ID Number

Personal Details

Full Name			
Address			City
State/Province		Zip/Postal Code	Mobile Number
Country	Email		Home Phone Number

Auto-ship Order*

CODE	NAME	QTY	AMOUNT

*Currently, AMGeneX DNA, Brine, EGA True product individuals and Massage Oils are available for Auto-Ship.

☐ *Send order immediately and then send every month on the*
☐ *1st* ☐ *2nd* ☐ *3rd* ☐ *4th week of every month.*

S&H (To Be Calculated) ☐ Will Call

☐ ***Ship To:*** *(if different than above)*

To: _____

Address: _____ *City:* _____ *State/Prov.:* _____

Zip/Postal Code _____ *Email:* _____ *Shipping Contact Phone: ( )* _____

Tax

Total Purchase

Payment Details

Full Name: (As appears on the Check or Credit Card Or Bank Account)

Payment Type:
☐ CHECK ☐ ACH DEBIT ☐ VISA ☐ MASTERCARD

☐ Credit Card Number ☐ Bank Account Number (ACH Debit) | Card Expiration mm/yy | Card CVV Code | Bank Routing Number ☐ US Acct. ☐ Non-US Acct.

☐ *I have read and agree to the Amega Global, LLC Terms & Conditions and Policies & Procedures documents. I agree that Amega Global LLC and its subsidiaries are not responsible for funds collected by a second party. Enrollment is not confirmed until payment is verified. I am the owner and authorized signatory for the credit card / bank account mentioned herein.*

Signature: **Date:**

For office use:	Remarks: (BA)
PCN Number	

Suite 105, 18662 MacArthur Blvd.
Irvine, CA 92612
PH (949) - 784 - 0717
FX (949) - 325 - 7083
eAmega.com
AmegaWorldwide.info

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