



Canada Product Order / Auto Order Form

USANA DATA PROCESSING
BOX 4000, TOOELE, UT 84074
(801)-954-7100
Customer Service (801) 954-7200
Order Express (888) 950-9595
Fax Order Line (800) 289-8081

ASSOCIATE NUMBER

NAME Last, First, Middle

DAYTIME PHONE

SHIPPING ADDRESS

EVENING PHONE

MOBILE PHONE

CITY

TERR./PROVINCE

POSTAL CODE

E-MAIL

Auto Order: Please enroll me in the Auto Order Program. I understand I will receive my designated order every four weeks after my initial order.

Initial Here

Please apply the sales volume generated by this sales order to Business Center

(To place orders in additional Business Center, Business Center 001 must have 200 points in personal sales volume during current four-week rolling period.)

☐ Single Product Order OR ☐ Auto Order A (Please check the corresponding box below)

☐ New Auto Order A ☐ Change to Existing A

Auto Order Start Date / /

ITEM #	QTY.	PRODUCT NAME	SV	RETAIL	PREFERRED PRICE/AUTO ORDER

TOTAL SV PTS TOTAL RETAIL TOTAL WHOLESALE/AUTOSHIP

☐ Auto Order Order B (please check the corresponding box below)

With Autoship order B you have the option to alternate order "A"

And order "B" Every other four-week cycle. To activate, check C or responding box below.

☐ New Auto Order A and Auto Order B

☐ New Auto Order B ☐ Change to Existing B

Auto Order Start Date / /

ITEM #	QTY.	PRODUCT NAME	SV	RETAIL	PREFERRED PRICE/AUTO ORDER

TOTAL SV PTS TOTAL RETAIL TOTAL WHOLESALE/AUTOSHIP

*SHIPPING & HANDLING

Your shipping cost will be USANA's actual freight cost plus a \$2.00 handling fee. Your shipping charge will be an estimate made at the time of your order. The estimate is a computer-generated charge and is calculated using the weight of the product and the fill material.

CALCULATING YOUR TAXES

\$ X %
Auto Order or Wholesale Price RATE

TOTAL TAXES

*SHIPPING & HANDLING

TOTAL DUE

METHOD OF PAYMENT

Select a method of payment for ordering. The account information will be kept on file for future orders.

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ AUTOPAY (Please submit AutoPay Form)

CARD NUMBER

EXPIRES (MM/YY)

SIGNATURE OF CARDHOLDER

CARDHOLDER NAME

ALTERNATIVE METHOD OF PAYMENT

Select a method of payment for ordering. The account information will be kept on file for future orders.

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ AUTOPAY (Please submit AutoPay Form)

CARD NUMBER

EXPIRES

CARDHOLDER NAME

SIGNATURE OF CARDHOLDER

SIGNATURE

By completing your order, you agree to the terms and conditions of your purchase order, and you give USANA and USANA's independent Associates permission to contact you by e-mail, text/SMS, instant message, fax, and phone regarding your order, your customer account, product offers, and related matters. You may withdraw your permission at any time by contacting USANA or the USANA Associate who has contacted you.

APPLICANT SIGNATURE

DATE

AUTOSHIP AGREEMENT: I AUTHORIZE USANA HEALTH SCIENCES TO WITHDRAW PAYMENT FOR MY AUTOSHIP ORDER(S) FROM MY CREDIT CARD OR BANK ACCOUNT IDENTIFIED IN THIS AGREEMENT. IF I HAVE ELECTED TO PARTICIPATE IN THE AUTOPAY PROGRAM, I HEREBY AUTHORIZE USANA HEALTH SCIENCES TO ELECTRONICALLY WITHDRAW PAYMENT FROM MY CHECKING ACCOUNT FOR ANY ORDER I PLACE DIRECTLY AND FOR AUTOSHIP ORDERS AS AUTHORIZED IN THE ASSOCIATE AGREEMENT. USANA IS AUTHORIZED TO WITHDRAW PAYMENT EQUAL ONLY TO THE AMOUNT OF THE PRODUCTS THAT I ORDER, PLUS APPLICABLE SALES TAXES AND SHIPPING OR FOR THE AMOUNT OF THE AUTOSHIP ORDER I HAVE ESTABLISHED (PLUS ADDITIONAL AMOUNTS FOR SUBSTITUTE PRODUCTS IF MY REGULAR PRODUCTS ARE UNAVAILABLE) AND SALES TAXES AND SHIPPING. PRICES AND FEES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. IN THE EVENT A CHECK OR CHARGE IS DISHONORED FOR ANY REASON, I AGREE TO PAY A \$20.00 SERVICE FEE. I CERTIFY THAT I HAVE SOLD AT LEAST 70% OF USANA PRODUCTS PREVIOUSLY PURCHASED BY ME. FURTHER, I UNDERSTAND AND ACKNOWLEDGE THAT PRODUCT PREVIOUSLY CERTIFIED AS SOLD, INCLUDING SUCH PRODUCT FROM AUTOSHIP ORDERS, CANNOT BE RETURNED TO THE COMPANY UPON TERMINATION OR RESIGNATION.