



autoship form

CUSTOMER INFO (must match billing info)

Name _____ ID Number _____

Daytime Phone# _____

Email _____

Billing Address _____

City _____ State _____ Zip _____

Entrepreneur Name (if different from above) _____ ID Number _____

SHIP TO (if different)

Name _____ ID Number _____

Daytime Phone# _____

Email _____

Shipping Address _____

City _____ State _____ Zip _____

New Autoship Change Autoship Cancel AutoShip

PRODUCT ORDER

Entrepreneur Customer

| Item No. | Product | Qty | Price | Total |
|----------|---------|-----|-------|-------|
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PAYMENT INFORMATION

Visa M/C AMEX

Credit Card Number _____ Exp Date _____

Name as it Appears on Card—Please Print _____

Authorized Signature _____

Card Security Number (CSN) _____

| | |
|--|--|
| Subtotal | |
| Lifestyle Club Members \$10 registration fee <small>(a one-time fee)</small> | |
| Shipping* | |
| Sales Tax _____% | |
| Total Remittance | |

*8% of subtotal or \$6.50 whichever is greater

I, the undersigned, hereby authorize Soul Purpose or its agents, to charge my credit card specified above in the amount designated in the TOTAL MONTHLY REMITTANCE box. I want this agreement to automatically renew every month until I submit a written change or cancellation as specified in the AutoShip Policies and Procedures. I have read and understand the AutoShip Policies and Procedures found on the back of this form. I agree to the terms and conditions outlined in the AutoShip Policies and Procedures.

Date to begin Autoship (1st - 27th): _____

Signature: _____ Date: _____