



ADVANTAGE CUSTOMER PROGRAM AGREEMENT / CONVENIENCE PLAN

FAX YOUR COMPLETED FORM TO (877) 627-4747 OR MAIL TO UNIVERA, 2660 WILLAMETTE DRIVE NE, LACEY, WA 98516.

SIGN UP FOR THE ADVANTAGE CUSTOMER PROGRAM - AND SAVE!

You'll receive convenient monthly deliveries of your favorite products, up to a 10 percent price discount, and Advantage Points toward FREE products.

DATE

MONTH DAY YEAR

Customer ID #

Last Name

First Name M.I.

BILLING ADDRESS (include Apt #, Box No, Suite, etc.)

City State

Zip + 4 -

SHIPPING ADDRESS IF DIFFERENT FROM ABOVE (include Apt #, Box No, Suite, etc.)

City State

Zip + 4 County

E-mail Address (Univera uses this address to provide you valuable communications.)

Daytime Telephone - -

Evening Telephone - -

FIRST ORDER - FOR IMMEDIATE SHIPMENT

ITEM NUMBER	PRODUCT DESCRIPTION	QUANTITY	ACP POINTS	PRICE EACH	TOTAL PRICE
TOTAL*					

CONVENIENCE PLAN STANDING ORDER - FOR MONTHLY SHIPMENTS

ITEM NUMBER	PRODUCT DESCRIPTION	QUANTITY	ACP POINTS	PRICE EACH	TOTAL PRICE
TOTAL*					

*Shipping and handling charges and sales tax (if applicable) will be applied at the time your order is processed.

Enrolling Associate

Enroller Last Name First Initial

Enroller Univera ID Number

ADVANTAGE CUSTOMER PROGRAM AGREEMENT

Please note that by signing this agreement, you agree to only purchase product from the enrolling Associate as noted above and if you decide to become an Associate to be part of that Associate's dounteam, except as otherwise set forth in Univera's Policies & Procedures.

Signature _____ Date _____

CONVENIENCE PLAN AGREEMENT

I hereby authorize Univera, Inc., to charge my credit card, checking or savings account for the monthly Convenience Plan. I understand (i) automatic withdrawals from financial institutions will be posted each month and require up to five working days for verification of funds; (ii) any price changes reflected on the price list will be reflected on my Convenience Plan invoice; (iii) my participation is strictly voluntary and I will continue to receive products on a monthly basis to my designated shipping address; (iv) changes to or cancellation require 15 days written notice and must include my name, Univera ID and signature.

Please begin my CONVENIENCE PLAN on

MONTH DAY 1st 8th 15th 22nd

Signature _____ Date _____

PAYMENT INFORMATION

VISA MC DISC AMEX ACH (Requires attached void check)

Card Number C.I.D. #

Expiration Date /

Name on Card

Signature _____ Date _____