



If you have chosen not to save with the Advantage Customer Program, please use this form to place your order.

Enroller Last Name	First Initial	Enroller ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>

Customer ID#	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> New Customer <input type="checkbox"/> Existing Customer	MONTH DAY YEAR

Name

Shipping Address (not a PO Box please)

City State

Zip - County

Day Phone - - Evening Phone - -

My Univera Associate is: Associate ID#

FIRST ORDER - FOR IMMEDIATE SHIPMENT

Item Number	Product Description	Quantity	Individual Price	Total

Sub-total	A
Freight	B
Sales tax*	C
Total Order	D

CONVENIENT WAYS TO PLACE ORDERS:
 Online www.univera.com
 Fax to Customer Care 877-627-4747
 Customer Care 877-627-4787

90-DAY CHALLENGE:
 Simply take AgelessXtra® twice a day for 90 days. If you don't notice a remarkable and powerful improvement in how you feel - from improved energy and stamina to mental clarity, stress relief and joint comfort* - return your unused portions and we will refund your money back (less shipping charges).

RETURNS:
 Please refer to the back of your invoice which accompanies each order for the return policy and process. A pre-approved Return Merchandise Authorization Number must be obtained by calling Customer Care at 877-627-4787. The empty, partially used or unused product package(s) or container(s) must be returned to Univera.

Some states charge sales tax on shipping. Additional sales tax will be added if required.

*This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent disease.

PAYMENT AUTHORIZATION – PLEASE READ

I hereby authorize Univera to charge my credit card, checking, or savings account the amount stated in box D (a one time charge). I understand that withdrawals from financial institutions require up to five working days for verification of funds.

VISA MC DISC AMEX ACH (Requires attached voided check)

Name on Card

Card Number

Expiration Date / CID #

Signature _____ Date _____