



Preferred Customer Enrollment



9440 202nd St., Unit 117 • Langley, BC V1M 4A6

If you fax this form, please do not mail the original.

Customer Service Center • 1-800-999-6222

Fax • 1-800-473-6166

Applicant Information

Name (Last, First, Middle Initial)

Area Code Home Phone Number

Street Address (Current Mailing Address)

Area Code Work Phone Number

City

Province

Area Code

Area Code Cell Phone Number

E-Mail Address

Area Code Fax Number

Referring Franchise Owner/Distributor or Sponsor

Franchise Owner/Distributor or Sponsor ID Number

Franchise Owner/Distributor or Sponsor Name

Area Code Daytime Phone Number

Order and Automatic Refill

| Item No. | Product Description | Quantity | Unit Price | Extended Price |
|----------|--|----------|------------|----------------|
| N/A | Preferred Customer Membership* | 1 | \$14.95* | * |
| 22888 | Bios Life™ Complete (Box—60 packets) | | \$73.00 | |
| 22889 | Bios Life™ Complete (14.4 oz canister) | | \$65.00 | |
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*One-time membership fee waived if signing up for Automatic Refill.

Please attach separate sheet for additional products.

 Yes! Sign me up for Automatic Refill and ship my products to me monthly on (1-25)

Subtotal \$ _____
 + Shipping & Handling \$ **FREE**
 + Sales Tax (where applicable) \$ _____
 Total Amount \$ _____

Payment Information

 Visa®

 MasterCard®

 AmericanExpress®

Credit Card Number

Expiration Date (MM/YY)

Cardholder's Name (Last, First, Middle Initial)

By signing and submitting this form and payment for my Preferred Customer Membership, I am applying to become a Unicity Preferred Customer. I understand that membership entitles me to purchase product at preferred prices. I consent to Unicity contacting me at the telephone numbers, fax number, and/or e-mail address listed on my application or as updated. My signature below indicates that I am the cardholder and have thoroughly read and accepted all of the terms and conditions set forth in this agreement. I understand and agree that Unicity will automatically ship the order and charge me as I have indicated until the company has received written notification from me to cancel my automatic order. I authorize Unicity to use the above method of payment in processing my order monthly.

Signature

Date (MM/DD/YY)

Automatic Refill Agreement Terms and Conditions

As a participant in the Unicity Automatic Refill program, I authorize Unicity to ship my order to me monthly after processing the payment method that I have indicated. Unicity is under no obligation to ship any products until full payment has been received. Shipment will take place approximately two days from payment confirmation. **Any new Automatic Refill Agreement received will cause an order to be shipped within two days of receipt of said agreement.** Each month thereafter, my Automatic Refill order will be sent according to the method selected.

1. AUTOMATIC REFILL: This program allows me to automatically receive my product order each month.

2. REVISION: I may revise my Automatic Refill Agreement by submitting a new Automatic Refill Agreement and checking the box labeled "Modify Automatic Refill" on the Automatic Refill Agreement form. The Customer Service Department must receive revisions no later than 10 calendar days prior to my next Automatic Refill shipment date. If the revision is received less than 10 calendar days prior to shipment, there will be no guarantee that the revision will be effective for that shipment.

3. CANCELLATION: I may cancel my Automatic Refill Agreement by submitting a new Automatic Refill Agreement and checking the box labeled "Stop Automatic Refill" on the Automatic Refill Agreement form. The Customer Service Department must receive the cancellation notice no later than 10 business days prior to my next Automatic Refill shipment date. If the cancellation is received less than 10 business days prior to shipment, there will be no guarantee that the last order will not ship.