

Preferred Customer

*First & Last Name _____

And/or Company Name _____

*Birth Date (MM/DD/YY) (Applicant must be 18 years or older) _____

Preferred Customer Billing Address

(Must match your credit card billing address)

*Address _____

*City _____ *State _____ *Zip or Postal Code _____

*Country _____

Preferred Customer Shipping Address

(Leave blank if same as above)

*Address _____

*City _____ *State _____ *Zip or Postal Code _____

*Required information

Preferred Customer Contact Information

Home Phone _____ Cell Phone _____

Applicant Email _____

Enroller Information

Your enroller information is the individual that introduced you to LifeVantage.

Name of Enroller _____ ID number _____

Confirm Your Placement

Your placement indicates the individual under whom you are placed.

Name of Placement _____ ID number _____

Payment Method

Pay with Credit

I authorize LifeVantage to charge the amount shown for the order(s) on this page to the payment information I entered below.

To protect your privacy, our secure server uses secure socket layer (SSL). This ensures your credit card information is encrypted and cannot be read as this information is transferred over the internet.

Number on Card _____

Name on Card _____

Expiration Date _____

Code of Security (3 or 4 digits) _____

Signature of Card Holder _____

* LifeVantage Preferred Customer Order

Enrollment Order
(This order will ship out the following business day after enrollment)

Protandim Bottle(s) _____ x \$40.00= _____ TrueScience 50ml Bottle(s) _____ x \$70.00= _____

Total Enrollment Order _____

Autoship Order
Autoship starts the following month of your Enrollment on the date selected below:

Protandim Bottle(s) _____ x \$40.00= _____ TrueScience 50ml Bottle(s) _____ x \$70.00= _____

Total Monthly AutoShip _____

Monthly AutoShip ----- 5th 10th 15th 20th 25th

PLEASE NOTE: Prices and Contents are subject to change

AUTOSHIP (Preferred Customer Continuity Plan) Program TERMS AND CONDITIONS.

The following Terms and Conditions apply only to Applicants who have elected to participate in the optional LifeVantage Autoship Program. All of the material Terms and Conditions of the AutoShip Program are contained in this Part II. The Agreement, as defined in Part I of this document, is applicable to this Part II.

- 1.1 I authorize LifeVantage to submit a charge for payment, from my credit or debit card that is identified below, for my monthly Autoship purchase of product that is specifically identified in this Application. I understand that there is no minimum number of purchases each month for participation in this Program.
- 1.2 I understand that my first order will be processed and shipped within 5 calendar days of LifeVantage's acceptance of my first order. Furthermore, I understand that periodic shipments of the product that I have ordered will occur without any further action by me. I understand that there will be approximately a one month interval between each shipment.
- 1.3 I understand that I may cancel my Autoship participation within three (3) business days (5 days in Alaska) of the date of my submission of this application to LifeVantage and receive a full refund of any Autoship related amounts charged to my credit or debit card. Thereafter, refunds will be available as provided in the LifeVantage Policies and Procedures. I acknowledge that LifeVantage's Product Guarantee, Limitation of Liability and LifeVantage's return and refund general policy are incorporated into this Application by reference.
- 1.4 I understand that to change any feature of my Autoship order selection, method of payment, or the authorized amount, I must submit a new Autoship application. Each application will supersede all previous applications.
- 1.5 I understand that this Agreement will remain in effect until I: (1) elect to modify it by submitting a new signed Autoship form; (2) send, in writing, my cancellation of my participation in the Autoship Program to LifeVantage Corporation Attn: Customer Care at 10813 River Front Pkwy, Ste 500, So. Jordan, UT 84095, or by calling (866) 460-7241; I acknowledge that this cancellation notice must include my signature, printed name, address, or (3) stop payment of any payment withdrawals by LifeVantage by notifying my issuing bank at least three days prior to the scheduled charging of my account. Notice of cancellation must be received by LifeVantage at least five calendar days prior to the next scheduled Autoship date in order to avoid charges for that month. I understand that if a cancellation notice is received by LifeVantage fewer than five days prior to the monthly Autoship date, cancellation will become effective in the month following the month in which my notice of cancellation is received by LifeVantage.
- 1.6 I understand that applicable local and state sales taxes will be added to my Autoship order amount each month, based on the address to which my Autoship orders are sent. I authorize LifeVantage to add such amount to the amount charged to the debit or credit card that I have selected each month.
- 1.7 I understand that shipping and handling charges will be added to my Autoship order amount each month in accordance with the method of shipping that I have selected in this Application and Agreement.

Dated: _____ 20 _____

Signature of Applicant

Printed Name of Applicant

Dated: _____ 20 _____

Signature of Co-Applicant, If Any

Printed Name of Co-Applicant