4Life RESEARCH™
9850 South 300 West
Sandy, Utah 84070
www.4-life.com

PRODUCT ORDER / AUTOSHIP FORM

(888) 454-3374 - Distributor Services & Product Order Line
(800) 851-7662 - Corporate Fax

ORDER INFORMATION *Please use a pen and press hard so all copies are clear.*

Date ___ / ___ / ___

Distributor or Company Name (Last/First/MI) _____ Distributor ID# _____

Customer's Name (Last/First/MI) _____

Shipping Address (The address you want your order shipped to) _____

City _____ County _____ State _____ Zip _____

( ) _____
Telephone Number

Please Check Applicable Box: ☐ Outside City Limits ☐ Inside City Limits

PRODUCT ORDER INFORMATION (I would like these products shipped now.)

Item Number	Product Name	Qnty	LP	Wholesale	Suggested Retail	Total

SUBTOTAL	
SALES TAX	
SHIPPING	
ORDER TOTAL	

AUTOSHIP/BACKUP AUTOSHIP

Item Number	Product Name	Qnty	LP	Wholesale	Suggested Retail	Total

☐ **AutoShip—The products listed will be sent to you automatically every month on the date requested.**

Starting on: ___ / ___ / ___
Mo Day Year

☐ **Backup AutoShip—You will be sent the products listed only if you do not have 100 LP by the date selected below.**

Start Backup AutoShip on this date: ___ / **2**_ / ___
Mo Day Year
*(Date must be between **21st-24th** of each month.)*

SUBTOTAL	
SALES TAX	
SHIPPING	
ORDER TOTAL	

To change Your Address or Payment Method: Submit your changes in writing to the Home Office. Please allow 10 working days for the changes to be made. **To Replace The Products in Your AutoShip:** At any time, you can complete the AutoShip portion of the Product Order/AutoShip Form and submit it to the Home Office. Please allow 10 working days for the changes to be made. **To Cancel Your AutoShip:** You may cancel your AutoShip/Backup AutoShip at any time by sending in your written request to the Home Office. Upon receipt of your request you will no longer be a participant in the AutoShip/Backup AutoShip program.

Shipping & Handling Charge: **$6.00 minimum or 6% of wholsale amount. Express shipping is available at an additional charge. Call the 4Life™ order line for more information. Shipping is taxable in some states.**

PAYMENT INFORMATION (Payment applies to all products and services selected above)

☐ Discover (Preferred) ☐ MC ☐ Visa ☐ AmEx ☐ Check (Order sent upon receipt of check) ☐ Electronic Bankdraft (Order will be delayed 5 business days. Please include a voided check.)

Credit Card # _____ Expiration Date ___ / ___ Name on Card _____

4Life™ is required to collect sales tax on all orders in most states. Taxes applicable to the geographical location listed in your shipping address will automatically be added to your order each month unless 4Life™ has on file a copy of your sales tax license and a sales tax exemption form.

Signature_____ **Date**_____