

Billing Information

ID Number _____

First & Last Name _____

Address _____

City _____ State _____ Zip _____

(_____) _____ - _____

Telephone _____

Email Address _____

Shipping Information

(Leave blank if the same as Billing Information)

First & Last Name _____

Address _____

City _____ State _____ Zip _____

(_____) _____ - _____

Telephone _____

Email Address _____

By signing and submitting this form, I agree that LifeVantage or a party acting on its behalf may contact me by telephone using automated technology (e.g., an auto-dialer or pre-recorded messaging), text messaging or email. I consent and agree to LifeVantage contacting me in this manner at the telephone number(s) or email address that I provided above and as updated. I understand that my carrier's standard rates will apply for calls and text messages. I may opt-out from receiving text messages at any time by replying "STOP". I understand that my consent is not a condition of purchase. I consent and agree to the LifeVantage privacy policy when I sign and submit this order form.

Check box for one-time order. This order will ship once and not on Autoship.

Please select your monthly Autoship date: 5th 10th 15th 20th 25th

PRODUCT	PRICE	Qty.	Sub-Total
Protandim®	\$40		
Protandim® Sample (10-pk)	\$30		
TrueScience™ Skin Care Regimen (includes the below 4 products)	\$160		
• TrueScience™ Ultra Gentle Facial Cleanser	\$25		
• TrueScience™ Perfecting Lotion	\$40		
• TrueScience™ Eye Corrector Serum	\$40		
• TrueScience™ Anti-Aging Cream	\$70		
TrueScience™ Anti-Aging Cream Sample (10-pk)	\$30		
AXIO™ Energy Volt	\$50		
AXIO™ Endure Charged	\$50		
LifeVantage® Canine Health	\$25		
Shipping, handling and applicable sales tax will be added to each order.		TOTAL	

*While supplies last.

Payment Information

In an effort to protect your credit card information, we request that you do not write it on this form. Please select one of the three options below:

- Please charge my credit card on file with the last four (4) digits ____-____-____-____.
- Please charge my ProPay card on file with the last four (4) digits ____-____-____-____.
- I would like to pay with a credit card that is not on file. Please have a customer support representative contact me by phone to process my payment.

(_____) _____ - _____ Best time to reach me: morning afternoon evening

Phone

I authorize LifeVantage to use the above method of payment in processing my order. 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 LifeVantage will automatically ship the order and charge me as I have indicated until the company has received written notification from me to cancel my order.

Signature _____

□□-□□-□□□□

Date (MM/DD/YYYY)

Autoship Program Terms and Conditions

The following Terms and Conditions apply 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 herein.

1.1 I authorize LifeVantage to submit a charge for payment, from my credit or debit card as provided to LifeVantage, for my monthly Autoship purchase of product that is specifically identified in this Application or as updated. I understand that there are 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 five (5) business 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 (1) month interval between each shipment.

1.3 I understand that I may cancel my Autoship participation within three (3) business days 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 for that initial Autoship order. Thereafter, refunds will be available as provided in the LifeVantage Policies and Procedures. I understand and 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, I must submit a new Autoship Application. Each Autoship Application will supersede all previous Autoship Applications. Notice of change must be received by LifeVantage at least three (3) business days prior to the next monthly Autoship date.

1.5 I understand that this Agreement will remain in effect until: (1) I elect to modify it by submitting a new signed Autoship Application; (2) I send, in writing, my cancellation of my participation in the Autoship Program to LifeVantage, Attn: Distributor Support, at 9785 South Monroe Street, Suite 300, Sandy, Utah 84070, USA by faxing 1.855.676.9280, or by calling 1.866.460.7241; I acknowledge that this cancellation notice must include my signature, printed name, address, and my LifeVantage Identification Number; (3) I stop payment of any payment withdrawals by LifeVantage by notifying my issuing bank at least three (3) business days prior to the scheduled charging of my account; or (4) my payment method declines for three (3) consecutive months. Notice of cancellation must be received by LifeVantage at least three (3) business days prior to the next 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 shipping and handling fees, and 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, or as updated.

1.7 By signing and submitting this form, I agree that LifeVantage or a party acting on its behalf may contact me by telephone using automated technology (e.g., an auto-dialer or pre-recorded messaging), text messaging or email. I consent and agree to LifeVantage contacting me in this manner at the telephone number(s) or email address that I provided above and as updated. I understand that my carrier's standard rates will apply for calls and text messages. I may opt-out from receiving text messages at any time by replying "STOP". I understand that my consent is not a condition of purchase. I consent and agree to the LifeVantage privacy policy when I sign and submit this order form.