



CUSTOMER ORDER FORM

Incomplete or unclear order forms may not be processed. New U Life is not responsible for errors due to illegibility or misinterpretation of handwritten information.

DISTRIBUTOR INFORMATION

ID NUMBER:	FIRST NAME:	MIDDLE INITIAL:	LAST NAME:

CUSTOMER INFORMATION

First Name:	Middle Initial:	Last Name:	ID Number:
Home Phone:	Cell Phone:		
Work Phone:	E-Mail Address:		
Billing Address:			
Shipping Address - (If different than billing address):			

DESIRED USERNAME

DESIRED USERNAME	DESIRED PASSWORD

QTY	Product	Retail	Autoship	PV

MONTHLY AUTOSHIP PROGRAM

I hereby request and authorize New U Life Corporation to ship my order 30 days from today's date, recurring every month, according to my purchase plan, directly to my mailing address every month, and collect a \$ _____ payment monthly from my credit card (excluding applicable shipping and tax).

Initials: _____

Total Cost	
Total PV	

METHOD OF PAYMENT

Card Number:	Expiration Date:	Security Code:
Name on Card:	VISA	MASTERCARD AMEX
Billing Address (Exactly how it appears on your statement):		
Card Holder Signature: _____		Date: _____