P.O. Box 2080 Conway, AR 72033
FAX 1-800-750-8155 • PHONE 1-888-270-4793
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Canadian Autoship Application
And Authorization
OR Change of Address OR Autoship Change

CHANGES MUST BE MADE BY THE END OF THE MONTH

CHANGES IN OR TO A BANK DRAFT MUST BE DONE BY FAX OR MAIL

THIS FORM IS NOT TO BE USED AS YOUR FIRST ORDER
THIS FORM IS FOR AUTOSHIP ORDERS ONLY.

☐ NEW ☐ CHANGE | ☐ BANK DRAFT ☐ CREDIT CARD | DISTRIBUTOR ID #: | DATE:

DISTRIBUTOR NAME:

MAILING ADDRESS:

SHIPPING ADDRESS:

Changes are permanent until otherwise notified.
$5.00 FEE FOR CHANGE IN TYPE OF PAYMENT

CITY: | PROVINCE: | POSTAL CODE: | PHONE:

NAME ON CARD: | ☐ VISA ☐ MasterCard

CARD NUMBER | **EXPIRATION DATE:** /

SIGNATURE: | **MUST BE SIGNED IN ORDER TO BE PROCESSED**

E-MAIL:

AUTOSHIP MONTHLY DRAFT
(To be completed by distributor)

I have read the terms and conditions on the back of this form and agree to those terms and conditions. I hereby authorize ForMor (or its agent) to draft my chequing or credit card account from the financial institution or the credit card listed. I understand that the amount of the draft may be increased when price increases are announced and I hereby authorize such increases (if any). This authorization is to remain in effect until ForMor receives written notice revoking this authorization from me.

Signature _____

Date _____

☐ **VOIDED CHECK INCLUDED**

Orders paid by bank draft will be shipped 5 business days after the draft clears

AUTOSHIP PROCESS DATE

☐ **5TH** ☐ **15TH**

FOR OFFICE USE ONLY

ENTERED BY:

DATE:

PLEASE LIST THE PRODUCTS YOU WANT TO RECEIVE ON YOUR MONTHLY AUTOSHIP ORDER
LIST YOUR COMPLETE ORDER

CODE	QTY	PRODUCT	BV
		DISCOUNTED PRODUCT	
		TOTAL QUANTITY	

Be sure to include a voided preprinted cheque for bank draft and Fax or Mail