



Changes International, Inc. Auto Ship Program Enrolment Form

Mail to in UK:
P.O Box 789
Thornton Heath
CR7 7WY
United Kingdom

Fax to:
0870 8877 032

Dist. ID# _____	
Name _____	
Mailing Address _____	
City _____	State/Prov _____
Zip/Postal Code _____	County _____
Telephone Number _____	

Ship To Information (if different from left)	
Name _____	
Mailing Address _____	
City _____	State/Prov _____
Zip/Postal Code _____	County _____
Telephone Number _____	

Methods of payment: (Credit card must belong to a Changes International, Inc. distributor.)

Visa
 MasterCard
 Switch
 Issue No. _____

Credit Card Number _____ Exp. Date _____

Cardholder's Name _____ Cardholder's Signature _____

Code No.	Quantity Ordered	Description	Product Volume	QV
		Subtotal		
		VAT reg.#778 1682 81 (if applicable)		
		Carriage (see Order Form for schedule)		
		Total		

**Auto Ship Program (ASP)
Features and Agreement**

1. Limit one ASP order per distributorship.
2. ASP orders paid with credit card can be modified by phone, fax or mail no later than the 15th of each month. ASP ship approximately the 20th of each month.
3. The amount of your ASP will be reduced when products are on Special. Please call Customer Service and temporarily change your monthly ASO to ensure meeting your QV requirement.

I acknowledge I have signed this Auto Ship Order Enrolment Form whether faxed or mailed. As a participant in the Auto Ship Order Program, I understand my order will be automatically shipped and I have agreed to accept it.

Distributor Signature

Date