



CUSTOMER AGREEMENT

 New Retail Customer New Preferred Customer

Date: ____/____/____

Your Name

Spouse's Name (if spouse is also on application)

Mailing Address (through USPS)

City

State

Zip Code

Home Phone

Business or Cell Phone

Email Address

Company Information

Tax ID:

Ship To Address (if different from above)

State

Zip Code

Home Phone

Initial Order

This ships now

must place an initial order

Monthly Autoship (optional)

Starts next month

Item No.	Qty	Product Name	Retail Price	Preferred Price	Extended Price
		Gourmet Black	\$16	\$16	
		Gourmet Blend	\$16	\$16	
		Gourmet Chai Tea	\$16	\$16	
		Gourmet Cappuccino	\$18	\$18	

Item No.	Qty	Product Name	Preferred Price	Extended Price
		Gourmet Black	\$16	
		Gourmet Blend	\$16	
		Gourmet Chai Tea	\$16	
		Gourmet Cappuccino	\$18	

Website/Login

Username: _____

Password: _____

Sub-Total

Sales Tax

Total Tax

S & H

Total Due

Sub-Total

Sales Tax

Total Tax

S & H

Total Due

Method of Payment

For your ordering convenience you may place your checking or credit card information on file with us. This information is required for Distributors and Customers who are on the monthly autoship program. All information is kept strictly confidential. Please note that we cannot process your order if our records indicate that your credit card has expired.

Billing Address

City

State

Zip Code

Card Number

 Visa Mastercard

Exp Date

CCV

Print Cardholder Name

Cardholder Signature

I authorize Healthy Habits Global to charge my account for the amount listed. I promise to pay such amount to and in agreement governing the use of such card. I understand that Healthy Habits Global will apply taxes, shipping and handling charges to my order. If order is autoship I authorize Healthy Habits Global to ship/charge these products monthly. Cancellations must be submitted at least 5 days prior to the autoship date.

Sponsored By:

Print Sponsor's Name: _____ Sponsor's ID # _____ Sponsor's Signature X: _____

Healthy Habits Global maintains an autoship program for its members only. Enrolling in the autoship program grants Preferred Customers the ability to purchase product at the discounted warehouse price. By enrolling in the autoship program, Preferred Customers grant Healthy Habits the authority to debit the credit card on file at time of shipment and to charge all future shipments to the same card. After the initial shipment has been fulfilled, as part of the autoship program Healthy Habits will automatically debit the credit card on file every 30 days for the agreed upon price. To cancel the autoship program, please contact Healthy Habits at support@healthyhabitsglobal.com. You may cancel your autoship at any time without any penalties or further charges. If you wish to enroll back into autoship program after you cancel, you may do so at anytime.

I UNDERSTAND THAT I MAY CANCEL THIS AGREEMENT WITHOUT PENALTY OR OBLIGATION AT ANY TIME FOR ANY REASON. I UNDERSTAND THAT MY NOTICE OF CANCELLATION MUST BE SUBMITTED IN WRITING TO THE COMPANY AT IT'S PRINCIPAL BUSINESS ADDRESS. SEE PAGE 2 FOR DETAILS.

* Monthly auto-ship is optional

Applicant Signature: _____

Date: _____