AMEGA WORLDWIDE INC.

WHOLESALE PRODUCT ORDER FORM



Instructions: Complete the form below to order Wholesale Products. You must be an Amega Business Associate or Preferred Customer to receive products at the Wholesale Cost. You may fax this form to the number below, mail to the address below, or deliver in person to our office.

	DECLEPANCE This Order is for:	BA Purc	hase	Preferred	Customer Purchase		
Personal In	nformation						
Full Name				BA Name (If Applicable)		BA ID Number (If Applicable)	
Address					City		
State/Province Zip/Postal Code				Mobile Number			
Country					Home Phone Number		
Email					Office Phone Number		
Order					1		
CODE	NAME				QTY AMOUNT		AMOUNT
Ship To: (if different than above)					S&H USA - \$9.95 • S&H Canada - \$18.95		
To:	x					Will Call	
Address:	City: State/Prov.:				Тах		
Zip/Postal Code_	Email:Shipping Contact Phone: ()				Total Purchase		
Auto-ship (Order*						
CODE	NAME	QTY		AMOUNT			
Currently, AMFood DNA and Natural Brine are the only two products available for Auto-ship Amega Worldwide Inc. is hereby authorized (until otherwise instructed) to deduct the amount of my monthly					S&H USA - \$9.95 • S&H Canad	da - \$18.95 Will Call	
Auto-ship order from my payment information herein each month. Auto-ship orders must be paid with Credit Card.						Tax	
Send order immediately and then send every month on the 1st 2nd 3rd 4th week of every month.					Total Auto-ship	Purchase	
Payment De							
Full Name: (As appears on the Check or Credit Card Or Bank Account) Payment Type: CHECK ACH DEBIT VISA MASTERCARD CONTRA							
Credit Card Number Bank Account Number (ACH Debit) Card Expiration Card CVV Code					Bank Routing Number US Acct. Non-US Acct.		
			m/yy				
D Lhavo mode	and agree to the Americ Global II C Torms & Conditions			s documents Loon	ee that America Clohol II Cons	d ita aubaidir	arias ara not responsible for
I have read and agree to the Amega Global, LLC Terms & Conditions and Policies & Procedures documents. I agree that Amega Global LLC and its subsidiaries are not responsible for funds collected by a second party. Enrollment is not confirmed until payment is verified. I am the owner and authorized signatory for the credit card / bank account mentioned herein.							
Signature:					Date:		
For office use:					Remarks: (BA)		

