



The Healthy Beaver, Inc.
 1905 West 4700 South, Suite 308
 Salt Lake City, Utah 84118
 voice: 801 883-9343 fax: 419-0076
www.TheHealthyBeaver.com

This form must be completed to establish your autoship agreement with The Healthy Beaver hereafter referred to as "The Company" on this form.
 Mail or fax to the Order Placement and Fullment Center to the address to the left.

Auto Ship Agreement

Section I General Information

Your Information	Your Sponsor's Info
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Social Security	Social Security
Phone	Phone

Account Information - Please specify how you wish to pay for your autoship

Visa MasterCard PayPal Check

Card Number _____ Expires on _____ CVV Code _____

Cardholder's Name _____ Cardholder's Signature _____

Please choose which products you want to include in your autoship			
Quantity	Description	Price	Total
	Micronutrient Tonic	\$29.95	
	Colostrum Capsules	\$29.95	

Section II

I hereby apply to participate in "the company" autoship program. If I have any questions about the company, products, etc, I will contact my upline sponsor, the company headquarters. I will pay as I have indicated above.

Please read and initial the appropriate box

Begin my autoship this month: _____

Terms and Conditions:

By initializing the box in section II, I authorize the company to enroll me in it's autoship proram and to ship the products listed each month. Please withdraw payment for this amount as indicated above. The company can not obtain more funds in any month than I have authorized. The company is under no obligation to ship product if my account is overdrawn or closed.
 To change quantities, method of payment, or the authorized amount, a new autoship agreement form must be submitted. If more than one authorization is on file, only the latest one will be used.
 I hereby authorize the company to withdraw payment for orders from my account equal only to the exact amount, plus sales tax, if any.

This authorization will remain in effect until I:

1. Send in writing my cancellation of this autoship to the company bearing my signature, printed name, social security number, and date of cancellation.
2. Use my right to stop payment of any withdrawal by the company by notifying my financial institution in writing prior to the charging of my account.

The company will not be liable to me for special or consequential damages, whether direct or indirect, for any wrongful debit to my account. After my account has been charged by my financial institution, I have the right to have the amount of any erroneous withdrawal credited to my account.

The Healthy Beaver reserves the right to change product packaging, Code of Ethics, Marketing Plan, or pricing without notice. I agree to the Terms and Conditions as stated above in Sections I and II including the automatic renewal of my account by withdrawal or charge as applicaple. I agree to pay \$30.00 service fee in the event a check or charge is returned to the company for any reason.

Send original to company