



CUSTOMER ORDER FORM / CONVENIENCE PLAN

ADDITIONAL FORMS AVAILABLE ONLINE AT WWW.UNIVERAOFFICE.COM

FAX YOUR COMPLETED FORM TO (877) 627-4747 OR MAIL TO UNIVERA, 2660 WILLAMETTE DRIVE NE, LACEY, WA 98516.

DATE MONTH DAY YEAR New Univera ID Number

I AM ENROLLING AS A: Retail Customer Preferred Customer
Direct home delivery
Personal login to shop online
10% approximate discount on products
Automatic monthly home delivery of products
Personal login to shop online

Last Name

First Name M.I.

BILLING ADDRESS (include Apt #, Box No, Suite, etc.)

City State

Zip + 4

SHIPPING ADDRESS IF DIFFERENT FROM ABOVE (include Apt #, Box No, Suite, etc.)

City State

Zip + 4 County

E-mail Address (Univera uses this address to provide you valuable communications.)

Daytime Telephone

Evening Telephone

SPONSORING ASSOCIATE
Sponsor Last Name First Initial
Sponsor ID#

PLACEMENT
Placement Last Name First Initial
Placement ID#

CONVENIENCE PLAN AGREEMENT (PREFERRED CUSTOMERS ONLY)
I hereby authorize Univera, Inc., to charge my credit card, checking or savings account for the monthly Convenience Plan.
Please begin my CONVENIENCE PLAN on
MONTH DAY 1st 8th 15th 22nd
Cardholder Signature Date

PAYMENT INFORMATION
VISA MC DISC AMEX ACH (Requires attached voided check)
Name on Card
Card Number
Expiration Date CID #
Cardholder Signature Date

SUGGESTED PACKS table with columns Item Number, Product Description

FIRST ORDER - FOR IMMEDIATE SHIPMENT table with columns Item Number, Product Description, Quantity, Price Each, Total

CONVENIENCE PLAN STANDING ORDER - FOR MONTHLY SHIPMENTS table with columns Item Number, Product Description, Quantity, Price Each, Total

\*Shipping and handling charges and sales tax (if applicable) will be applied at the time your order is processed.

