

Billing Information

Shipping Information

(Leave blank if the same as Billing Information)

Date of Birth

First & Last Name

First & Last Name

Address

Address

City State/Province Zip/Postal Code

City State/Province Zip/Postal Code

() Telephone

() Telephone

Email Address

Email Address

Please select your monthly Autoship date: 5th 10th 15th 20th 25th

Description	Qty	Unit Price	Amount
Protandim [®] , 30-caplets		\$40	
Protandim [®] Samples, 2-caplets (10-pk)		\$30	
LifeVantage TrueScience [®] , 50 ml		\$70	
LifeVantage TrueScience [®] Samples, 2 ml (10-pk)		\$30	
LifeVantage [®] Canine Health, 30-tablets		\$25	
Shipping & Handling			Will be calculated
Sales Tax (if applicable)			Will be calculated
Total			Will be calculated

Payment Information

Card Number

-

Exp. Date (MM/YY)

Security Code (3 or 4 digits)

Cardholder Name

Cardholder Signature

I authorize LifeVantage to use the above method of payment in processing my order. My signature below indicates that I am the cardholder and have thoroughly read and accepted all of the terms and conditions set forth in this agreement. I understand and agree that LifeVantage will automatically ship the order and charge me as I have indicated until the company has received written notification from me to cancel my order.

Signature

Date (MM/DD/YYYY)