

## THE MANY BENEFITS OF AUTO-SHIP

**Savings** A Director on Auto-Ship receives the lowest price on every product.

**Bonuses** You become eligible for major bonuses available only to those on Auto-Ship.

**Convenience** Your custom selection of product is delivered to your door each month. This also satisfies the Personal Volume requirement to receive Royalty Income.

**Duplication** The members of your organization will follow your example. This means the highest bonuses and lowest prices for them, and a lot of repeat business for you!

### For Auto-Ship Club Members Only

### More Exciting For You

- Quarterly drawing for FREE products (Bronze), round trip air (Silver), and air + hotels to exciting destinations (Gold)
- Special recognition at IMPaX Corporate Events
- Exclusive receptions and meals at selected IMPaX Corporate Events

## How do I join The Auto-Ship Club?

Qualification is based on uninterrupted Auto-Ship, as follows:

<u>Bronze Member</u>	4 - 6 consecutive months
<u>Silver Member</u>	7-12 consecutive months
<u>Gold Member</u>	13 consecutive months

**Begin qualification now!**

Complete this agreement (please print clearly) to establish your monthly automatic delivery account. This form must be MAILED or FAXED to IMPaX HealthPrime, Inc. to activate the Personal Auto-Ship Program (PASP).

**PASP Participant Information** Date: \_\_\_\_\_ Auto-Ship# \_\_\_\_\_ (for IMPaX use)

IMPaX Associate Name \_\_\_\_\_ ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Shipping Address (do not use P.O. Box) \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Please Use  VISA  M/C  My: Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(circle one)  Am Ex  Disc

I would prefer to use **EFT** (attach voided check).

I authorize IMPaX to enroll me in the PASP Program. Please send me 5 bottles or \$120QV or more of product. Please include the following products in my order (specify the quantity of each):

This authorization will remain in effect, as is, until I send, in writing, my changes or cancellation of this optional Auto-Ship program authorization to IMPaX, bearing my signature, printed name and address.

I acknowledge that I have carefully read and agree to the terms and conditions of this agreement.  
Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

IMPaX HealthPrime, 5151 Golden Foothills Pkwy., Suite 150, El Dorado Hills, CA 95762  
Fax: 916-939-1619 • E-mail: [www.impaxhealthprime.com](http://www.impaxhealthprime.com)

**AUTO-SHIP  
EQUALS  
AUTO-SUCCESS**

IMPax HealthPrime Inc.  
5151 Golden Foothills Parkway, Suite 150  
El Dorado Hills, CA 95762

Place  
Stamp  
Here

**WHY YOU  
SHOULD  
BE ON  
AUTO-SHIP**

**AND BECOME  
A MEMBER OF THE**

**AUTO-SHIP  
CLUB**

