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 Order Entry (888) 891-1212 ~ FAX (916) 939-9842 ~ www.impaxworld.com

WORLD CUSTOMER AUTO-SHIP PROGRAM (C.A.P.) FORM



EMAIL: _____ @

IMPax WORLD, Inc. offers the convenience of direct monthly product shipment to your home or business.

COMPLETE THIS FORM TO START

ID# _____ DATE _____ AUTO-SHIP# _____

CUSTOMER NAME _____ SPONSOR _____

ENROLLER NAME _____ ID# _____

SHIP TO: STREET ADDRESS (NO P.O. BOXES) _____ CITY _____ STATE _____ ZIP _____

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HOME PHONE _____ BUSINESS PHONE _____ FAX _____

SELECTION OF AUTO-SHIP PRODUCTS:

A		B	C	D	E	F
PRODUCT		RETAIL PRICE SINGLE UNIT	C.A.P. CUSTOMER PRICE 10% Disc	QTY	SUBTOTAL (Cx D)	30 Day Satisfaction Guarantee - You may return product within 30 days of your first purchase for a full refund minus shipping and handling. SHIPPING & HANDLING: ADD 8.50% OF SUBTOTAL (\$7.50 Minimum) SUBTOTAL 5% Extra Disc - If Subtotal equals \$125.15 or more! LOCAL SALES TAX TOTAL
Power	Power Pack - 1 delta-E; 1 EnerPrime	\$89.00	\$80.10			
600w	Delta E	\$39.90	\$35.91			
700w	EnerPRIME Powder	\$49.50	\$44.55			
800w	EnerPRIME Capsules -180 capsules	\$38.50	\$34.65			
770w	ProstElan -60 Capsules	\$49.50	\$44.55			
790w	EnerEFA - 90 Capsules	\$32.50	\$29.25			
760w	EnerEssence II - 120 Capsules	\$42.50	\$38.25			
765w	Meno Pause Formula - 60 capsules	\$32.50	\$29.25			
750w	EnerEssence I - 120 capsules	\$32.50	\$29.25			
755w	Pms Formula - 60 capsules	\$32.50	\$29.25			
720w	Thermo Factor - 60 capsules	\$38.50	\$34.65			
730w	Lean Factor - 60 capsules	\$39.50	\$35.55			
SUBTOTAL						

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AGREEMENT: As an IMPax Customer, I, the undersigned, understand and agree that in order to receive the products selected above, on a monthly basis, I authorize IMPax to enroll me in its Customer Advantage Program (CAP). Please send me the products identified herein each month. This authorization will remain in effect, as is, until I send to IMPax, in writing, my changes or cancellation of this CAP. Changes in pricing on products or shipping and handling can be applied without notification.

AUTHORIZATION: I authorize IMPax World, Inc. to withdraw funds for the products as specified herein according to the above selection, and on a monthly basis as outlined below, and authorize the financial institution designated, to deduct payments each month for this program. According to the above Agreement and Authorization, I am hereby authorizing IMPax World, Inc. to charge the following account for my CAP as referenced above on the following day of each month.

(Please state the month to ship your first Auto-ship: _____). **IMPORTANT!** Check first order preference below!

START DATE (Circle One Date): _____ **Ship this order IMMEDIATELY!** _____ **Ship this order on designated date!**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30

CREDIT / DEBIT CARD: VISA Mastercard Discover AMEX DEBIT

ELECTRONIC FUNDS TRANSFER (EFT)
 (PLEASE ATTACHED A VOIDED CHECK)

CARD #: _____ EXP. DATE: _____ BANK NAME: _____ CHECKING ACCT# _____

NOTE: IT IS THE UNDERSIGNED'S RESPONSIBILITY TO ENSURE THAT PAYMENT IS MADE ON THE APPROPRIATE DATE. NONPAYMENT (CREDIT CARD DECLINATION OR OTHER INSUFFICIENT FUNDS) WILL RESULT IN CAP BEING CANCELED FOR THAT MONTH. CAP CANCELED TWO CONSECUTIVE MONTHS DUE TO NONPAYMENT WILL BE AUTOMATICALLY TERMINATED.

 CUSTOMER SIGNATURE DATE