

AUTOSHIP FORM ENROLLMENT/CHANGE



DAXEN, INC.

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____/____/____
TODAY'S DATE (MM/DD/YY)

1. DXN DISTRIBUTOR INFORMATION

NAME (FIRST, MIDDLE, LAST)

DISTRIBUTOR ID NUMBER

PHONE NUMBER

SHIP TO	NAME _____ PHONE _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP/POSTCODE/COUNTRY _____

2. AUTOSHIP ENROLLMENT

ITEM #	DESCRIPTION	QUANTITY	TOTAL WHOLESALE

3. AUTOSHIP PRODUCT CHANGE REQUEST

ITEM #	DESCRIPTION	QUANTITY	TOTAL WHOLESALE

4. PAYMENT INFORMATION

VISA
 MASTERCARD
 AMERICAN EXPRESS
 DISCOVER

 DRIVERS LICENSE NUMBER (FOR CHECK ORDERS) EXPIRES

 CREDIT CARD NUMBER EXPIRES

I hereby authorize DAXEN INC. to charge my credit card for any order I place directly equal only to the amount of the products that I order, plus applicable shipping and handling.

 NAME ON THE CARD

 SIGNATURE OF CARD HOLDER

Calculate State Sales Tax Off Total Retail Prices if applicable. <small>(Total Retail) X (_____ %) = Total Sales Tax <small>State Sales Tax</small></small>	→	1 TOTAL WHOLESALE
Please add \$3.00 for all Shipping & Handling <small>Note: For Hawaii and Alaska Orders Please contact your local DXN Office.</small>		2 SALES TAX IF APPLICABLE
	→	3 SHIPPING & HANDLING
		4 (1+2+3) TOTAL DUE

If paying by Credit Card, please provide Credit Card Billing Address:

To return product, please follow Instructions on Product Order Form.

wish to discontinue my Autoship agreement.

 AUTHORIZED SIGNATURE DATE