

	Medimpex United Inc. 984 Bristol Pike, Bensalem, PA 19020 info@meditests.com 215-245-4477 – Phone 215-245-5099 – Fax 866-848-8378 –Toll free
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AUTODELIVERY ORDER FORM

	Product Name	Quantity	Price	Total cost
1				
2				
3				
4				
5				
6				

Subtotal _____

Local Sales Tax (for PA residents only) _____

Total Remittance _____

Please ship my order beginning on ___/___/_____ (mm/dd/yyyy) and every ___ weeks thereafter on the same day (allow 3-5 business days for delivery).

- I already have an AutoDelivery set up. Please combine these items with my existing order
- I already have an AutoDelivery set up. Please replace my existing order with these items
- Yes, I would like to receive news and updates via email address below
- Yes, I did read and accept all the terms and conditions in regards of this agreement

Billing Information

- VISA MasterCard American Express Discover

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Exp Date ___/____ (mm/yyyy)

	Shipping Information	Billing Information
Name		
Company		
Address		
City		
State, Zip Code		

Signature _____ **Date** _____

This is an optional agreement through which customers (Customers) may become participants in the Medimpex United, Inc. AutoDelivery ("AutoDelivery Program").

By participating in the AutoDelivery, the Customer may place a continuing order to be conveniently shipped on a regular basis and to be charged to his/her credit card on a recurring basis. By signing this AutoDelivery agreement, Customers desiring to participate in the AutoDelivery agree to the following terms and conditions:

1. I will specify the quantity of each product that I desire to receive on the AutoDelivery Enrollment Form ("Enrollment Form") that is part of this agreement.
2. I will supply Medimpex United, Inc. (the "Company"), in the space provided on the Enrollment Form, a valid VISA, MASTERCARD, or AMERICAN EXPRESS number along with the card's expiration date and billing information.
3. I understand and agree that the products selected on the Enrollment Form will be sent to me at the address listed regularly as I have indicated unless I place an order prior to my designated shipment date, unless I notify the Company in writing of changes I wish to make to my order.
4. I understand that the supply of testing products, which I have chosen to receive on my Enrollment Form, may be discontinued by the Company. In such situations, the Company will notify me in writing of the change and will continue to send me the remaining items specified on my Enrollment Form, unless I direct the Company to make other arrangements. Purchase Price and shipping fees will be automatically changed to reflect the change in the order due to any discontinued products.
5. I understand that the price of the specific products, which I have chosen to receive on my Enrollment Form, may change due to reformulations, improvements, or other reasons. When such price changes occur, the Company will notify me of any price increases and, unless I direct them to do otherwise, will continue to send me the products specified on my Enrollment Form at the increased price. I understand that I will receive a 100% refund on any product where the price has been increased if I notify the Company within 30 calendar days of the date of the product order, or any period specified for such refunds by state law of the state where I reside, whichever is longer.
6. I authorize the Company to establish an automatic credit card debit arrangement as specified in the Enrollment Form to pay for each monthly AutoDelivery order. The Company will make no other charges to my credit card account except those I have authorized. Funds may be debited up to five business days prior to the requested shipment date.
7. I understand and agree that this AutoDelivery agreement may be immediately terminated without notice if the credit cards to which product purchases have been charged expire, are canceled or are otherwise terminated.
8. I understand and agree that this agreement may be suspended without notice if I violate any of the terms and conditions of the agreement. If this AutoDelivery agreement is terminated for any reason, I may, upon the Company's authorization, reestablish a standing monthly order relationship with the Company by submitting a new Enrollment Form.
9. I understand I must notify the Company in writing to cancel my AutoDelivery order. If I do not notify the Company, the AutoDelivery order will continue to be shipped and my card charged every month.
10. I understand that I will receive a 100% refund on any product ordered under the AutoDelivery if I notify Company within 30 calendar days of the date of the product order, or any period specified by the law of the state where I reside for such refunds, whichever is longer.

Signature _____ Date _____
Name and Title _____