

Preferred Customer Information *Required Information (Please Print Clearly)

*First Name and Last Name

 *Gender F M

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*Birth Date (MM/DD/YYYY) (Applicant must be 18 years or older)

Preferred Customer Contact Information
 () - () -

*Home Phone

Cell Phone

 () -

Fax Number

*Applicant E-mail

Preferred Customer Billing Address

(Must match your credit card billing address)

*Address

*City

* State

*Postal Code

Enroller Information

(Your enroller is the individual who introduced you to LifeVantage.)

Enroller Name

ID Number

Co-Applicant (optional)

*First and Last Name (Legal Name)

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*Birth Date (DD/MM/YYYY) (Co-Applicant must be 18 years or older)

Preferred Customer Shipping Address

(Leave blank if same as billing address)

*Address

*City

*State

*Postal Code

Placement Sponsor Information (Your placement indicates the individual under whom you are placed. If no one is listed, your enroller also becomes your Placement Sponsor. Your enroller is able to place you within 30 days.)

Placement Sponsor Name

ID Number

Order

PRODUCT	PRICE	INITIAL ORDER		AUTOSHIP	
		Qty.	Sub-Total	Qty.	Sub-Total
Protandim®	\$57.20				
TrueScience™ Skin Care Regimen (includes the below 4 products)	\$227.70				
• TrueScience™ Ultra Gentle Facial Cleanser	\$36.30				
• TrueScience™ Perfecting Lotion	\$57.20				
• TrueScience™ Eye Corrector Serum	\$57.20				
• TrueScience™ Anti-Aging Cream	\$99.00				
TrueScience™ Micro Lift Serum	\$71.50				
Shipping and handling will be added to each order.		TOTAL		TOTAL	

Please Note: Prices are inclusive of GST and prices and products are subject to change..

Monthly Autoship Date 5th 10th 15th 20th 25th

(Please select your monthly Autoship date. Your Autoship will begin on the month following your initial order and will ship on the date you select each month thereafter.)

Payment Information

In an effort to protect your credit card information, we request that you do not write it on this form. Please provide a phone number where you can be reached, and indicate your preferred time of day for a customer support representative to call you to process your payment.

 () - Best time to reach me: morning afternoon

Phone

PREFERRED CUSTOMER AGREEMENT TERMS AND CONDITIONS

1. This document is your application to become a Preferred Customer of LifeVantage Australia Pty. Ltd. and LifeVantage Corporation (collectively "LifeVantage" or the "Company"). When submitted by you and accepted by LifeVantage, this document is an agreement between you and LifeVantage.
2. I agree that membership entitles me to purchase product at wholesale prices for personal consumption and I may not sell, resell or distribute product. This obligation will continue even after my agreement is cancelled. If I wish to distribute product, I will join as an Independent Distributor and I understand that LifeVantage would not sell to me otherwise. I agree and understand product purchased must be consumed in Australia and I must maintain a monthly Autoship order.
3. I further understand that only one LifeVantage Preferred Customer or Independent Distributor account is allowed per person and only two per immediate household. Individuals of the same family unit may not enter into or have an interest in more than two LifeVantage accounts. A "family unit" is defined as spouses and dependent children living at or doing business at the same address.
4. I understand husbands and wives or common-law couples (collectively "Spouse(s)") who wish to have separate accounts must sign a separate agreement, and must have the same enroller. Any violation of this provision may result in the termination of my account and disciplinary action against both accounts.
5. Preferred Customer Referral Program. Preferred Customers may participate in the Preferred Customer Referral Program and may qualify for a credit(s) that may be used toward the purchase of future product. If a Preferred Customer account is canceled, any referral credit(s) will be forfeited. Additional details may be found at au.lifevantage.com. LifeVantage reserves the right to change or discontinue the Preferred Customer Referral Program without notice at any time.
6. Once enrolled, I understand I may not change my Enroller or Placement Sponsor other than as allowed within the Placement Sponsor Change guidelines. If I decide to upgrade my account to become an Independent Distributor, I will submit a hard copy Independent Distributor Application to the company. I understand I will maintain the same ID number and genealogy position under my Enroller and Placement Sponsor.
7. As a Preferred Customer, I may change Marketing Organizations by voluntarily cancelling my Preferred Customer account, remaining inactive and not operating any LifeVantage account for six (6) full calendar months. Following the six (6) month period of cancellation and inactivity, I may reapply under a new Enroller as a Preferred Customer or as an Independent Distributor by submitting a new application to LifeVantage.
8. As a Preferred Customer, I have the right to cancel my Preferred Customer Agreement at any time. Cancellation must be submitted in writing to LifeVantage at its principal business address: 9785 South Monroe Street, Suite 300, Sandy, Utah 84070, USA. The written notice must include my signature, printed name, address, and LifeVantage Identification Number.
9. I authorize LifeVantage to submit a charge for payment, from my credit or debit card as provided to LifeVantage, for my monthly Autoship purchase of product that is specifically identified in this application or as updated. I understand applicable shipping and handling will be added to each order.
10. I understand that my first order will be processed and shipped within five (5) business days of LifeVantage's acceptance of my first order. Furthermore, I understand that periodic shipments of the product that I have ordered will occur without any further action by me. I understand that there will be approximately a one (1) month interval between each shipment. I understand that applicable shipping and handling will be added to my Autoship order amount each month, based on the address to which my Autoship orders are sent and in accordance with the method of shipping I have selected or as I may update. I authorize LifeVantage to add such amount to the amount charged to the credit or debit card as provided to LifeVantage.
11. I understand that to change any feature of my Autoship, I must submit a new Autoship form. Each application will supersede all previous Autoship Applications. Notice of change must be received by LifeVantage at least three (3) business days prior to the next monthly Autoship date.
12. I understand that this Autoship Agreement will remain in effect until: (1) I elect to modify it by submitting a new signed Autoship form; (2) I send, in writing, my cancellation of my participation in the Autoship Program to LifeVantage, Attn: Distributor Support at 9785 South Monroe Street, Suite 300, Sandy, Utah 84070, USA, by faxing 02.9475.4787, or by calling 1.800.218.751. I acknowledge that this cancellation notice must include my signature, printed name, address and my LifeVantage Identification Number; (3) I stop payment withdrawals by LifeVantage by notifying my issuing bank at least three (3) business days prior to the scheduled charging of my account; or (4) my payment method declines for three (3) consecutive months. Notice of cancellation must be received by LifeVantage at least three (3) business days prior to the monthly Autoship date; cancellation will become effective in the month following the month in which my notice of cancellation is received by LifeVantage.
13. I understand that I may cancel my Autoship participation within three (3) business days of the date of my submission of this application to LifeVantage and receive a full refund of any Autoship related amounts charged to my credit or debit card for the initial Autoship order. Thereafter, refunds will be available as provided in accordance with LifeVantage's policies.
14. Product returned within thirty (30) days after the purchase shall receive a 100% refund, less shipping and handling costs. Only unopened product shall be eligible for a refund, unless defective. Product must be in resalable and restockable condition in order to be eligible for a refund. Resalable is defined as product still in its original packaging, with seals and wrapping in place. Any merchandise that is clearly identified at the time of sale as nonreturnable, discontinued, or as a seasonal item, shall not be resalable. All returns must have a Return Merchandise Authorization ("RMA"), issued through Distributor Support. Customers are responsible for returning product to the LifeVantage within ten (10) business days of issuance of the RMA or the product will not be eligible for return. Please allow for up to twenty (20) days from the time that the product is received for the refund to be processed. If a shipment is refused, whether it is an Autoship or an order that has just been placed, LifeVantage will charge a \$12.00 shipment refusal fee to the form of payment on file.
15. I understand that LifeVantage may amend this Preferred Customer Agreement. I agree to be bound by all such amendments and that my only remedy for not accepting such amendments is to immediately terminate this Agreement. My placing an order or accepting an order after publication of any amendment will constitute my acceptance of the amendment.
16. Preferred Customer does not have any right to transfer or assign any rights or delegate any duties under the Agreement without the prior written consent of LifeVantage. Any attempt to transfer or assign the Agreement without the express written consent of LifeVantage is totally ineffective and void and will be a material breach of this Agreement. LifeVantage has the right to transfer or assign any or all of its rights and to delegate any or all of its duties under the Agreement without the prior written consent of the Preferred Customer.
17. I consent to LifeVantage contacting me at the telephone number(s), fax number, and/or e-mail address listed on my application or as updated. I consent to the disclosure of such information and information regarding my purchases from LifeVantage to my Enroller, Placement Sponsor and Upline.

By signing and submitting this form and payment for my Preferred Customer order, I am applying to become a LifeVantage Preferred Customer. I acknowledge that I have read and agree to the Terms and Conditions on the front and back of this Agreement.

Applicant Signature

Co-Applicant Signature (if applicable)

Printed Name of Applicant

Printed Name of Co-Applicant (if applicable)

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Date (DD/MM/YYYY)

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Date (DD/MM/YYYY)