

# AUUM Monthly Membership Program / Distributor Application



Please select one or more (max. 10) items for your MMP orders.

SAVINGS – **save 15%** off the retail price of your *first* product

– **save 30%** off the retail price of any *additional* products in the same order (if multiple products are chosen, the cheapest product ordered will receive the 15% discount for maximum cost reduction)

FLAT shipping fee of 9.95\$ applies to all orders

Please specify the **quantity** of each product you'd like to receive:

Sublingual D (100mL liquid)

Essential D3A (100mL liquid)

D Boost (120 capsules)

AUUM Pets (250mL liquid)

Please select your desired shipping day:

1<sup>st</sup> day of every month

15<sup>th</sup> day of every month

Begin shipments **immediately**?

Yes

No

If you selected (No) please select which month you would like for shipments to begin:

Leave the following fields blank if not applicable to you:

Sponsoring Distributors Name:

Sponsoring Distributors ID Number:

## Shipping Information

First Name:

Last Name:

Street Address:

City:

Province/Territory:

Country:

Postal Code:

Phone Number:

Email:

## Billing Information

Select your program:

Become an AUUM Member

[\(more info\)](#)

Become an AUUM Distributor [\(more info\)](#)

A \$30.00 fee (including HST) will automatically be charged with your first order.

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SIN or Business Number (only applies to AUUM Distributors):

Please Select a Method of Payment:

Name on Card:

Card Number:

Expiration Date:

Security Code:

By selecting the *I agree* check box below, acknowledge that I am applying to become an AUUM Member/Distributor and I am agreeing to participate in the Pre-Authorized Payment Plan Agreement ([click here](#)).

I have carefully read and agree to all terms and conditions of the "AUUM Monthly Membership Program / Distributor Application" and any policies and procedures of AUUM. I understand that I will receive no pre-notification of any debits, and that debits to my account will occur five (5) business days prior to shipment date. I will receive an email receipt when payment is processed if I have provided my email address. An AUUM Distributor or Member has the right to cancel their agreement with AUUM at any time, regardless of reason. Cancellation must be submitted in writing to: [service@uum.ca](mailto:service@uum.ca).

I agree

By selecting the *I agree* check box below, AUUM warrants that it is collecting personal information from Members and Distributors solely for business purposes. This information will be used to send monthly and single time purchases to Members and Distributors, and to process payment for these products. Your personal and private information will NOT be disclosed to any outside agencies. By selecting the *I agree* check box below, you agree to allow AUUM to retain your private information for these purposes.

I agree