



Parker Vision Specialists

## Autoship Agreement

### Patient Information

NAME (S) \_\_\_\_\_

MAILING ADDRESS (for mailing of information & order shipments) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

### Autoship Payment Information

Please select one Autoship payment method:

VISA    MasterCard    Discover Card    American Express

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Credit Card Number

\_\_\_\_\_|\_\_\_\_\_|/\_\_\_\_\_|\_\_\_\_\_|  
Expiration Date (Month/Year)

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
BILLING ADDRESS (for credit card) Billing Address same as Shipping Address

\_\_\_\_\_  
I understand that shipping, handling will be added to the price of the order.

X \_\_\_\_\_  
Card or Account Holder's Signature

### Your Auto Ship Order

Any changes to your monthly Autoship must be received by the 1<sup>st</sup> of the month in the month of shipment.

Item No.	Qty.	Description	Price
		Product Sub-Total	
		S &H	6.95
		TOTAL	

### Please Ship My Autoship Order:

- Every Month
- Every Other Month
- Every \_\_\_ Month

Start Date: \_\_\_\_\_

### 5 Signature

I verify that I HAVE CAREFULLY READ AND AGREE TO ALL THE TERMS AND CONDITIONS ON THE FRONT AND BACK OF THIS AGREEMENT. I understand that this Auto Ship Agreement will remain in effect until I send, IN WRITING, my cancellation of this Agreement to Parker Vision Specialists, bearing my signature, printed name, and address. This cancellation will be effective in the calendar month in which it is received by Parker Vision Specialists.

X \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_





Parker Vision  
Specialists

## Terms and Conditions

### The Autoship Program

The Autoship Program is an optional program in which Customers may participate and place a continuing or "standing" product order to charge to his or her credit card. By completing the Autoship Option payment information agreement, I authorize Parker Vision Specialists to ship the product(s) listed on this agreement in the monthly interval I have selected. Parker Vision Specialists is under no obligation to ship products if the authorized account(s) have been overdrawn or closed. If I am a Distributor, this Agreement does not supersede or modify in any way the terms and conditions of my Distributor Agreement or Optimum Choices' Policies and Procedures. Parker Vision Specialists reserves the right to modify or terminate the Autoship Program in its sole discretion.

**PAYMENT AUTHORIZATION:** I authorize Parker Vision Specialists to withdraw payment for my Autoship order(s) from my credit card identified on this Agreement. Parker Vision Specialists is authorized to withdraw payment equal only to the amount of the products, and shipping and handling of products that I order, or the Autoship orders I have selected. In order to prepare my Autoship order to ship on the indicated date, I understand that my credit card may be charged up to three (3) days prior to the scheduled shipment date. I agree to pay a \$25.00 service fee in the event a charge is returned for any reason.

**CHANGES:** To change Autoship order selections, method of payments, or the authorized amount, a new Customer Agreement form must be submitted to Parker Vision Specialists. If more than one Customer Agreement has been submitted, the most recent Agreement will supersede all previous Agreements. I understand that I will receive a 100% refund on any product where if I send back product to Parker Specialists within thirty calendar days of the date of the product order, product must be sealed and unopened.

**TERM:** This Agreement will remain in effect until you: (1) elect to alter or change any aspect of this Agreement by submitting a new signed Customer Agreement; (2) send, *in writing*, your cancellation of this Agreement to Parker Vision Specialists, with your signature, printed name, and address or (3) stop payment of any withdrawals by Parker Vision Specialists, by notifying your issuing bank at least three days prior to the scheduled charging of your account. Cancellation will be effective in the calendar month in which it is received by Parker Vision Specialists, provided that your account has not yet been charged for that month; otherwise, cancellation will become effective in month following the month in which your notice of cancellation is received by Parker Vision Specialists.

**SHIPPING & HANDLING:** There is a minimum shipping and handling charge of \$6.95

## Notice of Right to Cancel

**You may CANCEL this agreement, without any penalty or obligation, at any time. All cancellations will be processed and apply to any future order.**

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instrument executed by you will be returned within TEN BUSINESS DAYS following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.

**To cancel this transaction, mail or deliver a signed and dated copy of this Cancellation Notice or any other written notice, or send a fax to: Parker Vision Specialists 9235 Crown Crest Blvd Ste 150 Parker, CO 80138**

Buyer Signature \_\_\_\_\_

Date: \_\_\_\_\_