

SUBSCRIPTION SERVICE

To avoid running out or having to remember to keep calling in to request more product, our subscription service will automatically ship your order to you on the schedule you define below. We will automatically charge your credit card and email you a receipt at the time we ship. We understand you have choices of where to obtain the product so we have a price match guarantee. Please remember you are helping others with your repeat orders since we donate a portion of the proceeds to various foundations that assist our patient community such as MitoAction, EDS national and local chapters, and the UMDF.

Date: _____

PATIENT'S NAME (FIRST, MIDDLE, LAST)

PATIENT'S DATE OF BIRTH

MAILING ADDRESS (STREET, CITY, STATE, ZIP) *please print clearly*

Synergy Pills: (30) (60) Charlotte Web Pill's: (30) (60) lixinol Pills: (30) (60)

Charlotte Web Oil: Extra Strength 30ml Original 30ml Maximum 100ml

Elixinol Oil: (300) 30ml (3600) 120ml

Body Lotion: Orange Lavender Pain Lotion Magnesium and Aloe Spray

Vape Cartridge: 100mg 200mg 400mg *requires rechargeable vape pen sold for \$10*

Ship every: month 45 days 2 months 3 months other

Date of when to begin shipping _____

Shipping Notes: _____

I authorize VMP Genetics to process payment and automatically ship the product marked above on the schedule that is marked above. Shipping is limited to \$4 for orders under \$50 and \$0 for orders at or above \$75. I understand that this sheet with my credit card information will be stored in the patient's secure electronic file. It is my responsibility to notify VMP Genetics by email to info@vmpgenetics.com of any changes or cancellations to this service with 7 days' advanced notice. I take sole responsibility for the use of the above products and hold harmless VMP, llc and or Dr. Fran Kendall for my, or those under my care, use of any product listed above.

NAME ON CREDIT CARD

GUARANTOR'S PHONE NUMBER

CREDIT CARD NUMBER

EXPIRATION DATE

SECURITY CODE

BILLING ZIP CODE

EMAIL

My signature below affirms that I desire a subscription service as outlined above and agree to the terms expressed within this document.

SIGNATURE OF GUARANTOR

DATE SIGNED