

AUTOMATED DELIVERY PROGRAM FORM

YS, INC. ~ 4531 COUNTY RD 458 ~ COLLINSVILLE, AL 35961

www.ys-inc.com 1-888-653-9626 P 1-256-845-5560 F

Mailing Address

Shipping (If Different from Mailing)

Name _____	Name _____
Address _____	Barn Name _____
City/St/Zip _____	Address _____
Daytime Phone _____	City/St/Zip _____
Email Address * _____	
Horse's Name(s) _____	

*YS, Inc. absolutely will not sell your email address.

ENTER NUMBER OF PAILS DESIRED NEXT TO PRODUCT(S) YOU WOULD LIKE TO RECEIVE AUTOMATICALLY EACH PERIOD

COMPETITOR'S EDGE ___ 10 LB PAIL (\$85) ___ 20 LB PAIL (\$159.20) ___ 50 LB PAIL (\$367)

COMPLETE HOOF ___ 10.5 LB PAIL (\$36) ___ 20 LB PAIL (\$68) ___ 50 LB PAIL (\$157)

ELECTRO-SENTIALS ___ 10 LB PAIL (\$21.50) **NO JITTERS** ___ 2.2 LB PLAST JAR (\$14.10)

SPECIFY BELOW WHEN YOUR ORDER SHOULD BE RECEIVED(BASED ON YOUR USAGE)

27 days ___ 40 days ___ 53 days ___ 80 days ___ 160 days ___ Other ___

TARGET DATE TO BEGIN YOUR CUSTOMIZED PROGRAM: MONTH ___ DAY ___ YEAR 20___

METHOD OF PAYMENT

Visa ___ MC ___ Amex ___ Discover ___

Name on Card: _____

Card # : _____

Exp Date: ___ / ___

Authorization: The signature below reflects my understanding that YS, Inc., will charge my above credit card as above mentioned so that I can take advantage of this automated shipping offer. I also understand that I may change or cancel this program with YS, Inc., by contacting them at 1-888-653-9626, by fax at 1-256-845-5560 or via email to ysinc@ys-inc.com.

AUTHORIZING SIGNATUREDATE.....

RETURN POLICY: YOUR SATISFACTION IS IMPORTANT TO US. IF YOU ARE DISSATISFIED WITH ANY OF OUR PRODUCTS PLEASE CONTACT US WITHIN 25 DAYS AND WE WILL ARRANGE FOR A REFUND, EXCHANGE OR REPLACEMENT. THANK YOU.