

RECURRING CHARGE CREDIT CARD AUTHORIZATION FORM

By accepting these terms, Customer authorizes Seller to charge Customer's credit card or debit Customer's debit card automatically shortly after receipt of Customer's written or verbal purchase order for the Goods along with a \$15 refundable bag and ice pack deposit, \$12 a week delivery fee for 5 day meals plans or a \$15 weekly delivery fee for 7 day meal plans for St. Louis city and St. Louis county only, and sales tax at the current sales tax rate. Deliveries made outside of the St. Louis City and St. Louis County area are solely up to Metabolic Meals and an additional fee will apply. Customer further authorizes Seller to charge the credit card or debit card account provided by Customer at 5PM CST on Wednesday of each week for the amount of Goods to be provided the following week. Customer agrees that the payment card specified by Customer for automatic weekly bill payments to Seller is, and will continue to be, an account that Customer owns, and that Customer will maintain sufficient availability under Customer's credit card limit, or sufficient funds in the account linked to Customer's debit card, as applicable, to pay the weekly bill.

Customer may cancel the recurring payment authorization at any time. Customer's request to cancel the recurring payment authorization must be received by Seller by noon CST on Wednesday to prevent a charge or debit for the proceeding week's supply of Goods. If Customer's cancellation request is submitted after this time, the cancellation will not take effect until the following billing cycle and Customer will receive an additional week of Goods. If Customer has elected to pay by credit card, the Customer will be bound to the terms of its agreement with its credit card issuer. If the credit card or debit card information provided by Customer is invalid, or the charge or debit is otherwise declined for any reason, payment terms shall automatically be deemed to be COD.

Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am. Ex.	Credit Card Billing Information:		Delivery Information:	
Name as printed on card:	Name:		Name:	
Credit card number:	Address:		Address:	
Expiration date:	City:		City:	
CVV# (3 digits on back of bank card or 4 digits on front of AMEX card following acct number.)	State:	Zip:	State:	Zip:
Customer Account Name:	Telephone number:		EMAIL ADDRESS:	

Metabolic Meals' Options*

- 3 Meal Plan**
 5 day plan-\$129.99/week 7 day plan-\$169.99/week
- 3 Meal & 2 Snack Plan**
 5 day plan-\$159.99/week 7 day plan-\$189.99/week
- PERFORMANCE 4 MEAL**
 5 day plan-\$169.99/week 7 day plan-\$219.99/week
- PERFORMANCE DOUBLE PROTEIN**
 5 day plan-\$199.99/week 7 day plan-\$249.99/week
- PRO PLAN 3 MEAL**
 5 day plan-\$284.99/week 7 day plan-\$369.99/week
- PRO PLAN 5 MEAL**
 5 day plan-\$449.99/week 7 day plan-\$559.99/week



Instructions for placing your order:

1. Print out this form
2. Fill out this form
3. Scan and Email it to sales@cihp.com or Fax it to (314) 821-9889

*Taxes & delivery fees apply.

By submitting this form, Customer attests that the information provided in this application is correct to the best of Customer's knowledge, and Customer intends it to be relied upon by Metabolic Meals, LLC ("Seller") in evaluating this application. Customer also hereby expressly agrees to and accepts all terms of Seller's General Terms and Conditions of Sale, which have been provided to customer.

X _____
Signature

Date