

# HORSE HEALTH USA - TIMESAVER PROGRAM

***You don't have to worry about running out of key items anymore...***  
 Sign up for our **TIMESAVER PROGRAM!**

It's easy to do, here's how:

**Contact us at 800-321-0235 or fax us at 330-830-2762.**

- STEP 1**    Tell us **WHAT** products you want shipped on a regular basis.
- STEP 2**    Tell us **HOW MANY** you want each time.
- STEP 3**    Tell us **WHEN** you would like them shipped.  
 (FYI: Your Timesaver Program will remain in effect on that schedule until you change or cancel it.)
- STEP 4**    Provide us with your **NAME, ACCOUNT NUMBER and PHONE NUMBER.**

*Need to change something in your Timesaver Program?*  
 No problem, simply contact us with your changes and we will promptly respond.

***Don't wait, start SAVING TIME today with our TIMESAVER PROGRAM!***  
**Order Toll Free 800-321-0235 • Fax Your Order 330-830-2762**

|                        |   |
|------------------------|---|
| Account # _____        | Today's Date _____                          |
| <b>Sold To:</b>        | <b>Ship To:</b> (if different than sold to) |
| Name _____             | Name _____                                  |
| Address _____          | Farm Name _____                             |
| City, State, Zip _____ | Address _____                               |
| Daytime Phone _____    | City, State, Zip _____                      |

| ITEM # | PRODUCT NAME          | SIZE   | PRICE  | INDICATE MONTHS & QUANTITY |     |     |     |     |     |     |     |     |     |     |     |  |
|--------|-----------------------|--------|--------|----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|
|        |                       |        |        | JAN                        | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |  |
| 00-00  | ABC PRODUCT (Example) | 000 ML | \$0.00 |                            |     | 3   |     |     |     | 6   |     |     | 1   |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |
|        |                       |        |        |                            |     |     |     |     |     |     |     |     |     |     |     |  |

Standard terms of sale apply to the Timesaver Program.  
 Prices of the items each month will reflect the current price for that month (ex: July price will reflect the current price in July).

**METHOD OF PAYMENT**

Electronic Fund Transfer (EFT) Call for more details.  
 Visa     MasterCard     Discover

Cardholder Name: \_\_\_\_\_  
 Card #: \_\_\_\_\_  
 Security Code (required-last 3-4 digits on back of card) \_\_\_\_\_  
 Exp. Date: \_\_\_\_ / \_\_\_\_  
 Cardholder Signature: \_\_\_\_\_  
 C.O.D - Available to well established accounts only.

**I would like to receive my monthly order** (please check one):  
 1st week     2nd week     3rd week     4th week

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please notify us if you have any special timing requests!***  
***We will do all we can to accommodate your TIMESAVER needs!***