



OPAS Application Form

6600 NE 78TH CT. #A3 PORTLAND, OR 97218 TEL: (503)262-7036 FAX: (503)262-7037 E-MAIL: info@opas.com

Name First (Given name) Last (Family name)		Nu Skin ID#	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Day / Month / Year
Street Address (Address for shipping)				
City	State	Zip Code	Country	
Phone		Cell Phone		
FAX		E-MAIL		

Please select a payment method. Annual Membership Fee: \$20.00

Credit Card : VISA MasterCard AMEX

Card # : _____ / _____ / _____ / _____ EXP : _____ / _____
Month Year

Card Holder : _____

Signature : _____ Date : _____ / _____ / _____
Day Month Year

The credit card above will be registered as your payment method and will be charged for each service fee. You may change a credit card any time by notifying us.

Your OPAS Membership # : A ← Please write down the last four digits of your home phone number. ▶ These 4 digits added to the letter A, will be your OPAS membership number. You can place your first order now, using this membership number!

Product Catalogs Set of 1 Pharmanex and 1 Nu Skin Catalog \$12.00 includes Shipping & Handling How many sets would you like? set (s)

Notice Unless given a notice for cancellation, we will renew your annual membership automatically. The annual membership fee for OPAS is \$20. No refund will be applied after one month of your membership renewal.

I hereby apply for OPAS membership,

Signature : _____ Date : _____ / _____ / _____

Fax this form to : 1-503-262-7037 TEL : 1-503-262-7036
HOUR : Mon~Fri 8:30AM~5:00PM (US Pacific Time)



Place an order using Regular forwarding Service now!

Send us Product Forwarding Form with this application, and send Order Form to Nu Skin USA directly.

NS FAX# : 1-801-345-2850
Photomax TEL# : 1-800-337-7817

If you are not placing an order now...

Send us this application form only.

OPAS FAX# : 1-503-262-7037