

æ ORDER FORM

Client Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Email: _____
DOB: _____ SSN: (If Consultant option) _____

Product #	Product Name	Quantity	Price
_____	Nutrition ASVP	_____	_____
_____	Anti-Aging ASVP	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Product Retail Total _____
\$29 Preferred Client Sign-Up _____
\$79 Independent Consultant Sign-Up _____
Shipping _____
Tax _____
Amount Due _____

Free Product

Name on Card: _____

Card #: MC Visa Discover AE

EXP: _____ CVC: _____

Billing Zip: _____

For Preferred Clients:

- Order over \$150 SRP = Free Shipping
- Order under \$150 SRP = UPS Flat Rate of \$7.95

For Consultants:

- NEW Consultant Start/Sign Up over \$500 QV = Free Shipping on 1st Order ONLY
- Existing Consultants = Standard UPS Ground Shipping fees apply upon checkout
- Will Call Options also available