



Distributor Product Order Form

Distributor ID Number _____

Name of Distributor (Last, First, Initial) _____

Order Date _____

Street Address (Carrier will not deliver to PO Box) _____

City, State, Zip _____

Daytime Telephone _____

SHIP TO: (Only if different from above)
Name: _____
Address: _____
City, State, Zip: _____
Daytime Telephone: _____

METHOD OF PAYMENT
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Auto-Debit
Card# _____ Exp. Date _____
Name on Card (Please Print) _____
Authorized Signature (SAME as shown on card) _____

Product Description	Product Code	Quantity	PR Value If Applicable	Distributor Unit Price	Total Quantity X Price
Add total PR value and enter here (a)					

Taxable item: All FFL and Original Drinks and Plans
Non-taxable items: All Soups, Oats, Cambridge Nutrition Bars, and Beverage Crystals
 Minimum Order \$100 in PR value

Shipping Rates:

0-6 pounds \$ 7.00 7-13 Pounds \$10.00
 14-20 pounds \$13.00 21-27 Pounds \$16.00
 28-34 pounds \$19.00

To determine shipping for orders over 35 pounds add \$19.00 plus \$.15 cents for every additional pound.

Add total for each line and enter here ((b)	
Enter discount [PR of \$150 to \$299 enter 6% of box (a); PR of \$300 or more enter 12% of box (a)] (c)	
Subtotal [box ((b) minus box (c))] (d)	
Add shipping and handling fee (e) Based on Weight	
California Residents add sales tax of 7.25% to taxable items (f)	
Offshore (HI, AK, PR) pay actual shipping fee charges applied on next business day (g)	
Total of boxes (d), (e), (f), & (g)	\$