



# PRODUCT ORDER FORM

www.impaxworld.com

EMAIL:

@

5151 Golden Foothill Parkway, Ste. 150 ~ El Dorado Hills, CA 95762 ~ (800) 379-5017 ~ Fax (707) 676-8086

ORDER DATE \_\_\_\_\_

**13554**

DISTRIBUTOR'S ID#

SOLED TO: \_\_\_\_\_

- Retail Customer - No discount
- Associate - 23% Discount
- Representative or Above-28%-30% Disc

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

NO. OF BOXES: NUMBER \_\_\_\_\_ STREET \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ DAY PHONE

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ EVENING PHONE

SHIP TO (DIFFERENT): LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

**Charlet Briggs**

ENROLLER'S NAME

NO. OF BOXES: NUMBER \_\_\_\_\_ STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ITEM #	DESCRIPTION	UNITS/PACK	Q.V.	RETAIL PRICE	QTY	RETAIL TOTAL
APPL	Distributor Application		N/A	49.00		
DBAPP	Deluxe Business Application Kit - Web Access/Application Fee Included <b>Avail - 2006-2007</b> (\$49.00 charged now; \$100.00 balance charged when web access is Available)		N/A	149.00		
700W	EnerPrime	1 BOTTLE = 211.5 gms	\$34.65	49.50		
800W	EnerPrime Capsules	1 BOTTLE = 180 Capsules	\$27.72	38.50		
600W	Delta E	1 Box = 20 Individual Packets	\$27.93	\$39.90		
710W	BodyPRIME Basic Pack	(2) Lean Factor; (3) Thermo Factor	\$117.00	170.50		
720W	Thermo Factor	1 BOTTLE = 60 Capsules	\$26.95	38.50		
730W	Lean Factor	1 BOTTLE = 60 Capsules	\$27.65	39.50		
770W	ProstElan	1 BOTTLE = 60 Capsules	\$34.65	49.50		
770W	ProstElan Case	10 BOTTLES of ProstElan	\$346.50	495.00		
750W	EnerEssence I TM	1 BOTTLE = 120 Capsules	\$25.02	32.50		
755W	PMS Relief Formula	1 BOTTLE = 60 Capsules	\$25.02	32.50		
760W	EnerEssence II TM	1 BOTTLE = 120 Capsules	\$29.75	42.50		
765W	MenoPause Formula	1 BOTTLE = 60 Capsules	\$25.02	32.50		
790W	EnerEFA TM	1 BOTTLE = 90 Capsules	\$25.02	32.50		

**Special Shipping and Handling:**  
 2nd Day Air: Actual UPS Cost Added.  
 Next-Day Air: Actual UPS cost Added.

Add 8.50% Shipping and Handling

5% for retail orders over \$500.00 (\$7.50 MINIMUM)

**METHOD OF PAYMENT**

CASH  CHECK #

VISA / MC / DISC / AMEX (CHECK ONE)

CREDIT CARD NUMBER \_\_\_\_\_ Exp Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE REQUIRED FOR CREDIT CARD ORDERS

RETAIL SUBTOTAL

SUBTOTAL:

ADD LOCAL SALES TAX

SUBTOTAL:

LESS DISCOUNT(S)

Associate Discount = 23% x Retail  
 Representative Discount 28% X Retail  
 Team Leader /above Disc = 30% X Retail

**Grand Total**

NET  
NET  
NET  
NET