



PRODUCT					
QTY	CODE	DESCRIPTION	PT	RETAIL	TOTAL
	1201	Intra liquid - 950 ml btl (case of 9)	315	€ 315.00	
	1202	Intra capsules - 64 capsules (case of 9)	315	€ 315.00	
	1231/32	Intra trio - 950 ml btl (3 bottles)	105	€ 105.00	
	6970	2 bottles of Intra and 1 bottle of Nutria / BT Flyer	100	€ 95.00	
	1501	Nutria - 60 capsules (4 bottles)	100	€ 100.00	

PROMOTIONAL ITEMS				
	CODE	DESCRIPTION	QTY.	RETAIL
	4003	Distributor Agreement Form	10	€3.00
	4005	Retail Receipt Book (ENG, DUT, GER)	1	€3.00
	5704	Lifestyles Welcome CD	6	€ 6.00
	9030	Bumper sticker	1	€1.00
	5471	Lifestyles Plastic Bags	25	€ 5.00
	5038	Lifestyles Magnetic Pin	3	€8.00
	4204	30 ml Sample Cups	100	€ 5.00

SALES LITERATURE				
	CODE	DESCRIPTION	QTY.	RETAIL
	4115	Fighting Body Pollution book	1	€ 3.00
	7201	Intra brochure (ENG,DUT, SPA)	25	€ 5.00
	7501	Nutria brochure (ENG,DUT,SPA)	25	€ 5.00
	9405 H	Intra Herb Chart Flyer	50	€ 12.61
	9405	P.K. Athletes Flyer	50	€12.61
	7271	Better Together Flyer	50	€ 12.61
	7716	Lifebuilder Flyer	50	€ 12.61
	7701	Opportunity Brochure	25	€ 5.00
	7703	Career & Compensation Plan	25	€ 5.00

ID Number: _____

Date Placed: _____

Tel. No.: _____

Fax: _____

By presenting this order, I confirm that I have sold at least 70% of my previous Lifestyles order.

1	TOTAL PRODUCT (RETAIL)	
2	YOUR DISCOUNT ON LINE 1 _____%	
A	TOTAL PRODUCT (WHOLESALE)	
3	TOTAL SALES AID VOLUME	
4	SHIPPING & HANDLING (5.5% OF LINE 1 OR MIN. €18.00)	
5	VAT ON PRODUCTS (6% OF LINE A)	
6	VAT ON SALES AIDS (19% OF LINE 3)	
7	VAT ON SHIPPING & HANDLING (19% OF LINE 4)	
B	TOTAL LINE (ADD LINES 3 TO 7)	
9	DISTRIBUTOR APPLICATION FEE €45.00 (INCL. VAT)	
TOTAL: A + B (AND LINE 9)		

TO ORDER:
Lifestyles Euro B.V.
 1 Sable Court, Sylvan Way,
 Southfields Business Park,
 Basildon, Essex, SS15 6TU, England
 Tel: +44 1268 548970
 Fax: +44 1268 548972
 E-mail: euro@lifestyles.net

IF YOU PAY VIA BANK TRANSFER
BANK: Rabobank
ACCOUNT NAME: Lifestyles Euro BV
ACCOUNT NUMBER: 140617760
SWIFT: RABONL2U
IBAN: NL32RABO0140617760

METHOD OF PAYMENT:
 Visa MasterCard Maestro Bank Transfer

IF PAYING BY CREDIT CARD, PLEASE FILL IN THE FOLLOWING SECTION:

Card Holder's Name (Please Print): _____

Card No.: _____

Card Holder's Signature: _____

Expiry Date (M/Y): _____ Security No (3 Digits): _____

By providing the above credit card number, expiry date and my personal signature, I agree to pay the above total amount according to card issuer agreement. Please Note that Charge Card sales will be listed on cardholders statement as Lifestyles EURO BV.

SHIP TO ADDRESS:

Name: _____

Address: _____

City: _____

Country: _____

Postal Code: _____

Tel. No: _____