



PRODUCTS

QTY	CODE	DESCRIPTION	PT	RETAIL	TOTAL
	1201	Intra liquid - 950 ml btl (case of 9)	315	€ 315.00	
	1201EU	Intra (950ml Bottle)	35	€ 35.00	
	1202	Intra capsules - 64 capsules (case of 9)	315	€ 315.00	
	1202EU	Intra Capsules (1 Bottle/64 Capsules)	35	€ 35.00	
	1231	Intra trio - 3 bottles liquid (950ml)	105	€ 105.00	
	1232	Intra trio - 3 bottles capsules (64)	105	€ 105.00	
	6970EN	Better Together Pack	100	€100.00	
	1501	Nutria - 60 capsules (4 bottles)	100	€ 100.00	
	1038	FibreLife - 60 capsules (4 bottles)	120	€ 120.00	
	1520	Calcium Formula - 120 tablets (4 bottles)	80	€ 80.00	

SUCCESS PROGRAMS

(For more information visit your PBC or call your local office)

	0002EU	EU Renewal Fee		€22.50	
	4903	Instant Direct Program		€46.22	
	4904	Express Direct Program		€46.22	

<p>ID Number: _____</p> <p>Date Placed: _____</p> <p>Tel. No.: _____</p> <p>Fax: _____</p> <p>By presenting this order, I confirm that I have sold at least 70% of my previous Lifestyles order.</p>	<table border="1"> <tbody> <tr><td>1</td><td>Total product (Retail)</td><td></td></tr> <tr><td>2</td><td>Your discount on line 1 _____ %</td><td></td></tr> <tr><td>A</td><td>Total Product (Wholesale)</td><td></td></tr> <tr><td>3</td><td>Total sales aid volume</td><td></td></tr> <tr><td>4</td><td>Shipping & Handling (depending country/delivery address) *</td><td></td></tr> <tr><td>5</td><td>Tax on Products (6% of line A)</td><td></td></tr> <tr><td>6</td><td>Tax on Sales Aids (19% of line 3)</td><td></td></tr> <tr><td>7</td><td>VAT on Shipping & Handling (19% of line 4)</td><td></td></tr> <tr><td>B</td><td>Total Line (Add Lines 3 To 7)</td><td></td></tr> <tr><td>9</td><td>Distributor Application Fee €45.00 (including tax)</td><td></td></tr> <tr><td colspan="2">TOTAL: A + B + LINE 9</td><td></td></tr> </tbody> </table>	1	Total product (Retail)		2	Your discount on line 1 _____ %		A	Total Product (Wholesale)		3	Total sales aid volume		4	Shipping & Handling (depending country/delivery address) *		5	Tax on Products (6% of line A)		6	Tax 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 (including tax)		TOTAL: A + B + LINE 9		
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<p>TO ORDER: Lifestyles Eurozone (€) EURO PRICES</p> <p>Online: https://pbc.lifestyles.net/shop/ Tel: +44 1268 548969 Fax: +44 1268 548972 E-mail: euro@lifestyles.net</p> <p>If you pay via Bank Transfer BANK: ALLIED IRISH BANKS,P.L.C. ACCOUNT NAME: LIFESTYLES UK & EIRE LTD IBAN: IE52 AIBK 9310 4744 9120 13 BIC: AIBKIE2D</p> <hr/> <p>* SHIPPING RATES PER COUNTRY: € 18,00 OR 5.5% ON THE RETAIL: AT, BE, DE, DK, FR, LU, NL. €25.00 OR 5.5% ON THE RETAIL: GR, ES, IT €35.00 OR 5.5% ON THE RETAIL: IE, PT, SE €45.00 OR 5.5% ON THE RETAIL: RO, BG</p>	<p>SHIP TO ADDRESS</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>COUNTRY *: _____</p> <p>POSTAL CODE: _____</p> <p>TEL. NO: _____</p>	<p>METHOD OF PAYMENT:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> BANK TRANSFER</p> <p>IF PAYING BY CREDIT CARD, PLEASE FILL IN THE FOLLOWING SECTION:</p> <p>CARD HOLDER'S NAME (PLEASE PRINT): _____</p> <p>CARD NO.: _____</p> <p>CARD HOLDER'S SIGNATURE: _____</p> <p>EXPIRY DATE (M/Y): _____ SECURITY NO (3 DIGITS): _____</p> <p>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.</p>
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