

Distributor Price List & Order Form - UK Prices

PRODUCT					
QTY	CODE	DESCRIPTION	PT	RETAIL	TOTAL
	1201	Intra liquid - 950 ml btl (case of 9)	315	£226.96	
	1201UK	UK Intra Liquid -950 ml (1 bottle)	35	£25.22	
	1202UK	Intra Capsules - 64 capsules (1 bottle)	35	£25.22	
	1231/32	Intra trio - 950 ml btl (3 bottles)	105	£75.66	
	1501UK	Nutria - 60 capsules (1 bottle)	25	£17.39	
	6970	BT-Kit (2 bottles Intra +1 bottle Nutria)	100	£67.83	
	1038UK	FibreLife - 60 capsules (1 bottle)	30	£17.39	
	1020UK	Vanilla Shake*- 720g (1 can)	25	£19.00	
	1022UK	Chocolate Shake* - 720g (1 can)	25	£19.00	
	1520UK	Calcium Formula - 120 tablets (1 bottle)	20	£13.91	

PROMOTIONAL ITEMS				
	CODE	DESCRIPTION	QTY.	RETAIL
	4003	Distributor Agreement Form	10	£1.74
	5704	Welcome to Lifestyles CD	1	£0.87
	7902	Intra Solution DVD	1	£0.87
	4050	Pre-Paid Distributor Kit	1	£25.53
	4019	Distributor Letterhead	100	£6.53
	4021	Distributor Compliment Slips	100	£6.53
	4115	Fighting Body Pollution Book*	1	£3.00
	4206	Individual Intra Boxes	10	£4.35
	5038	Lifestyles Magnetic Pin	3	£4.78
	9030	Lifestyles Bumper Sticker	1	£0.87
	5471	Lifestyles Plastic Bags	25	£6.52

SALES LITERATURE				
	CODE	DESCRIPTION	QTY.	RETAIL
	5201	Intra Brochure	25	£4.35
	5501	Nutria Brochure	25	£4.35
	7040	FibreLife Q & A and Fact Sheet	20	£8.70
	7520	Calcium Brochure	25	£2.60
	7270	Better Together Brochure	25	£2.60
	7271	Better Together Fact Sheet	50	£8.70
	9405 H	Intra Herb Chart Flyer	50	£8.70
	5701	Opportunity Brochure	25	£4.35

VAT charged at standard UK rate

*Non-VAT-able Items

1	Total Product Volume (Retail)	
2	Your discount on line 1 _____%	
A	Subtotal - Retail minus discount (Wholesale)	
3	Total Sales Aids	
4	3% Shipping charge of line 1 or min. £6.00	
5	VAT (line 1 & 3)	
6	VAT on S & H (line 4)	
B	Total line 3 + 4 + 5 + 6	
7	Distributor Application Fee (£30.00)	
TOTAL LINE A + B (LINE 7)		

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.



METHOD OF PAYMENT:

Visa MasterCard Maestro Cash Bank Transfer Cheque

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 UK & Eire Ltd.

SHIP TO ADDRESS:

Name: _____

Address: _____

City: _____

County: _____

Postal Code: _____

Tel. No: _____