



application and order form

Contact Information

Sponsor Name _____ Sponsor ID# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Social Security # _____

Shipping Information

Check if the same as above

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

Autoship

Choose Process date between the 5th and 22nd of every month: _____

2 bottles of Cardio Cocktail™ at \$130/100 BV + Shipping

Save \$20 off of the wholesale price

Code	Qty	Product	BV

Autoship is an automatic monthly purchasing program. Enjoy the convenience of having the products you desire delivered to you factory direct. You can change your choices any time. Log on to www.formor.com or call Member Service at 1-888-270-4794.

I have read the terms and conditions on the back of this form and agree to those terms and conditions. I hereby authorize ForMor (or its agent) to draft my checking or credit card account from the financial institution or the credit card listed. I understand that the amount of the draft may be increased when price increases are announced and I hereby authorize such increases (if any). This authorization is to remain in effect until ForMor receives written notice revoking this authorization from me.

Signature _____ Date _____

Fast Start Packs

Option A \$995 + Shipping and Handling

- Includes:
- 4 cases of Cardio Cocktail™ (16 bottles)
 - 2 Cardio Cocktail™ shot glasses
 - 1 packet Cardio Cocktail™ booklets
 - ✓ Over \$1200 in products and materials
 - ✓ 50% discount on web services FOR LIFE
 - ✓ 25% discount on marketing materials FOR LIFE
 - ✓ FREE Distributor Kit

Option B \$195 + Shipping and Handling

- Includes
- 1 case of Cardio Cocktail™ (4 bottles)
 - 2 Cardio Cocktail™ shot glasses
 - ✓ Contains \$300 in products and materials
 - ✓ FREE Distributor Kit

Option C \$130 + Shipping and Handling

- Includes
- 1/2 case of Cardio Cocktail™ (2 bottles)
 - ✓ Contains \$180 in products
 - ✓ FREE Distributor Kit

Payment Method

Credit Card

Credit Card # _____	Exp Date _____
Cardholder's Name _____	
Cardholder's Signature _____	
Credit Card Billing Address Zip Code _____	

