



preferred customer application and order form

Contact Information

Referring Distributor Name _____ ID# _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ e-mail _____

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	Price	BV

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

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 _____

Options

Option A \$300 + Shipping and Handling

Includes:
1 case of Cardio Cocktail™ (4 bottles)

Option B \$150 + Shipping and Handling

Includes:
1/2 case of Cardio Cocktail™ (2 bottles)

Option C \$75+ Shipping and Handling

Includes:
1 bottle of Cardio Cocktail™

Payment Method

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



www.formor.com
1-888-270-4794
Fax 1-800-750-8155