



Please read the Terms & Conditions listed below before placing your order. Make a copy of this original and retain it for future use. Fill out this form and fax it (801-409-8079), mail it (SISEL International / 1328 W. Spring Creek Place / Springville, UT 84663), or scan and email it (tsx@siselinternational.com) to Sisel.

[FORMTSX-US]

Distributor Information

Date: [day / mo. / yr.]

Form fields for distributor information: last name, first name, middle initial, business name, SISEL ID #, address, city, state, zip, phone, fax, mobile, email address.

Shipping Information (if different)

Form fields for shipping information: last name, first name, middle initial, business name, address, city, state, zip.

Purchase Order

Table with 5 columns: code #, description, quantity, retail price, retail total. Rows include TSX - 1 year supply, TSX - 3 Pack, and TSX - 1 bottle.

Note: Appropriate Taxes, Shipping & Handling costs will be applied to each order

TOTAL

Terms & Conditions of Trial Run

This form is for a limited trial run beginning in February, allowing only a few select distributors around the world (5,000 limit) to test market TS-X.

- Distributor must sign up and will be guaranteed a supply of TS-X for a year minimum...
• Distributor must be a qualified Gold or Platinum on AP (auto purchase) to be able to participate on the year TS-X Trial Run.

ARE YOU QUALIFIED YES [] NO []

- If you are over 50, Sisel recommends taking twice (three times if you are over 70) the monthly dosage during the first year or longer to bring the effective level necessary to maximize telomere support.
• TS-X will retail for \$150 a bottle (a month's supply).
• There are 3 options for purchasing your year's supply of TS-X:
1. Order a year's supply—you purchase 11 bottles (\$99.95 per bottle), and you get your twelfth bottle for free! Total: \$1,099.45
2. Order a 3-pack (\$99.95 per bottle) at a discounted rate! You'll pay only \$299.85, for a monthly savings of \$75.15
3. Order one bottle per month (\$125 per bottle)

Payment Information

I understand that this purchase does not qualify me as a SISEL™ Distributor and that this purchase is made through the Distributor ID number on this form. If at any time I wish to become SISEL Distributor, I can submit an Independent Distributor Application and Agreement under the sponsor listed on this form.

[] USE E-WALLET FIRST [] USE E-WALLET LAST (If payment fails)

[] VISA [] MASTERCARD [] AMEX [] DISCOVER credit card number expiration date

name as shown on card signature of cardholder (required)

