



Preferred Customer Purchase Order Form

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 103 US]

Customer Information

Date: month day year
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last name (please print)	first name	middle initial	customer ID #
address (street)		city	state zip
phone	fax	mobile (not required)	email address

Shipping Information (if different)

last name (if different from customer info)	first name	middle initial	business name (if applicable)
address (street)		city	state zip

Sponsor Information

last name (please print)	first name	middle initial	business name (if different)
distributor ID number			

Purchase Order

code #	description	size	quantity	retail price	retail total

Make this order an Automatic Purchase (AP) each month.
 Make this order a one-time purchase only.

*Quantity TOTAL	Subtotal
	Sales Tax
	*Shipping
	TOTAL

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. If for any reason my products arrive in unsatisfactory condition, I will alert the carrier immediately and notify SISEL Customer Service Department within 7 days. All purchases are subject to local sales tax in my region. Shipping and handling charges will be calculated and charged at the time of processing.

NOTICE TO BUYER: You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction.

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	credit card number	expiration date
name as shown on card		signature of cardholder (required)

<input type="checkbox"/> ACH (Complete FORM 104)	amount remitted
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