Life Force Australasia (Singapore) Pte Ltd

Registered Office: C/O Investors' Secretarius Pte Ltd, 5 Shenton Way, #06-08 UIC Building SINGAPORE 068808 Reg No. 200 407 781C
All enquiries to: 800 6161 937 ✦ **All Faxes to:** 61-2 9659 2262
All Correspondence to: Bukit Panjang Post Office, P.O. Box 069, SINGAPORE 916813
Website: www.lifeforce.net ✦ **E-mail Address:** lfasg@lifeforce.net

PRODUCT PRICE CHART

PRODUCTS & PACKS (COMMISSIONABLE PRODUCTS)

Item No.	Supply	PACKAGE DESCRIPTIONS (All prices include GST and freight costs)	Regular Price	Autoship Price	BV (Business Volume)
SIN 130	15 days	**Body Balance** –1 quart (32oz.)–Life Force's flagship product, time-tested over 18 years as a liquid, whole food source of vital trace elements from 9 different forms of sea vegetation and aloe vera. Flavoured with black cherry and honey, Body Balance tastes so good that even children can and will drink it. It's what "every body" needs for health and wellness.	$104.30	$96.65	19
SIN 132	30 days	**2 Quarts Body Balance** – A 30 day supply for one person of Life Force's flagship product.	$151.95	$139.95	26
SIN 135	30 x 2	**4 Quarts Body Balance** – A 30 day supply for two people of Life Force's flagship product.	$281.00	$256.55	52
SIN 145	30 x 4	**8 Quarts Body Balance** – A 30 day supply for a family of four of Life Force's flagship product.	$513.60	$467.95	104

You Only Need to Fill This in if This is Your Initial registration

PRINT ALL SECTIONS CLEARLY ■ READ AND SIGN THE AGREEMENT BELOW

1 Tick your preferred status: ❑ Customer ❑ Member*

New Member: _____

New Member's I/C Number: _____

Place Under: _____

Place Under PIN #: _____

Enroller: June Trenwyth:Morgan

Enroller PIN #: 20620132

* A purchase is not required to become a Member, but is required to earn commissions. See Compensation Plan for details.

2 PIN #: _____

Surname: _____ Given Name: _____

Mailing Address: _____

City: _____ Post Code: _____

Day Phone: _____ Evening Phone: _____

Mobile: _____ Fax #: _____

Email: _____

3 Ship To Name: _____

Ship To Address: _____

City: _____ Post Code: _____

4 **For Life Force to process your order, you need to select one of the following:**

SELECT ONE

❑ New AutoShip ❑ Individual Product Order
❑ Modify existing AutoShip ❑ Update Information

MONTHLY PROCESSING DATE:
(Nominate a date between the 1st and 25th)

5 PRODUCT AND SALES AIDS ORDER FORM (Please Print Clearly)

Item No.	LIFE FORCE PRODUCT DESCRIPTIONS & SALES AIDS (from Product Price Chart)	Quantity	Regular Price	Autoship Price	"X" For Autoship	BV (Business Volume)	Total BV	Total Price
			$	$				$

6 PAYMENT METHOD

TOTAL BV: _____

❑ Mastercard ❑ Visa ❑ AMEX

Primary Credit card: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐☐☐ Name on this card: _____

Cardholder's Signature: _____

*Cardholders Signature is required when sending form in for processing.

GRAND TOTAL

ALL PRICES INCLUDE GST AND FREIGHT COSTS.

I hereby apply to be an Independent Member for Life Force Australasia (Singapore) Pte Ltd and agree to comply with the Life Force Policies and procedures

Signature: _____ Name (print): _____ Date: _____

Autoship Orders may be modified up to 5 business days prior to processing. Cancellations MUST be in writing via mail, email, or fax and received 5 business days prior to Autoship date.

Revised: SEPTEMBER 2004