HEALTHPOINTE Order Form

Name _____ Customer # _____

Address _____

City/State/Zip _____

Email _____ Phone _____

PAYMENT (check one): Cash ____ Check# _____

Visa ____ MasterCard ____ Discover ____ American Express ____

Credit Card # _____

Exp. Date ____/____ 3/4-Digit Code _____ Signature _____

Billing Address _____

N21 HealthPointe Weight Loss/Management Program (HP100)	$89.00
Sales Tax ____%	$
TOTAL "A"	$

Consider one of the below bundles to jump start your success:

Basic Health Products	$173.30
Nutrilite Supplements Pack	
Men's (10-5480) ___ or Women's (10-5481) ___	
BodyKey Lemon Crunch Protein Bars (11-0427)	
BodyKey French Vanilla Meal Replacement (12-2277)	
XS Protein Shakes Rich Chocolate (11-0369)	
Nutrilite Fiber Powder (10-2736)	

Sales Tax ____%	$
Shipping Fee	$
TOTAL "B"	$

Optimal Health Products	$266.55
Nutrilite Optimal Health Supplements Pack	
Perfect Pack For Your Health (11-6986)	
BodyKey Lemon Crunch Protein Bars (11-0427)	
BodyKey French Vanilla Meal Replacement (12-2277)	
XS Protein Shakes Rich Chocolate (11-0369)	
Nutrilite Fiber Powder (10-2736)	

Sales Tax ____%	$
Shipping Fee	$
TOTAL "C"	$

TOTAL "A"	$
TOTAL "B"	$
TOTAL "C"	$
GRAND TOTAL	$

**Purchase optional. Subject to change.*