

ORDER FORM and PERSONAL GOALS



How to Purchase Isagenix Products . . . Become a Customer

- 1) **Customer** . . . **FREE** Membership . . . 15% Discount . . . **FREE** Shipping First Order . . . **if** on Subscription
- 2) **Upgrade to Associate** . . . \$29 Annual Fee . . . Includes Complete Website
- 3) **Guest (Retail) Customer** . . . No Discount and No Free Shipping
- 4) \$9.95 flat-rate shipping for Subscription Orders. Modify or Cancel any time

PERSONAL INFO:

Name _____ Date _____
Mailing Address _____
_____ Zip _____
Phone _____ Email _____ Birth Date _____
Shipping Address (if different from above mailing address) _____
_____ Zip _____

REBATES / COMMISSIONS DIRECT DEPOSIT INFO:

Routing# _____ Acct# _____ Soc. Security# _____ Tax ID# _____

LOGIN INFO & WEBSITE SET UP:

User Name _____ Password _____ (8 characters including Capital, number, symbol)

HEALTH and WEALTH GOALS: (Optional)

- 1) My personal health goal is mainly to be Fit, Healthy and Energetic
- 2) My weight goal is to drop _____ pounds _____ inches
- 3) I'm interested to learn how to get my products FREE
- 4) I would like to learn how to make extra income in the Isagenix® Income Opportunity Yes No
Free Product Coupons/Rebates Yes No
- 5) My financial goal is to earn an additional \$ _____ per month in _____ months

INITIAL PRODUCT ORDER:

7 Day Reset Chocolate or Vanilla **Recharge NAD**
Healthy Lifestyle Pak (Choose 2) Chocolate Vanilla Strawberry Chocolate Mint
Collagen 40 count or 60 count (BEST Value)

SUBSCRIPTION ORDER: (Your monthly Product choice) _____

CREDIT or DEBIT CARD INFORMATION:

Name on Card _____
Card Number _____ Exp. Date _____ CCV# _____
Credit Card Billing Address _____ Zip _____
(if different from above)

Thank you for investing in your Health ! It is Your BEST INVESTMENT in your Wealth and Well-Being ! Oct 2022