

RELIV CUSTOMER ORDER FORM

For Malaysian Orders



Ways of Easy Ordering:

1. Login to our website for online ordering:
relivasiapacific.com.my/login
2. Email your orders to:
myorders@relivinc.com
3. Call our Toll Free to order:
1-800-88-7669
4. Fax your order form to:
+603 - 5613 5788

For Enquiries:

Office: +603 - 5638 8788
Toll Free: 1-800-88-7669
Email: mydrinquiries@relivinc.com

Name _____ Date _____

Delivery Address _____

Phone Number _____ Mobile Number _____

Referring Distributor's Name (If known) Faith S. Lim

Referring Distributor's RCN (If known) 11227363

Please register me as a **Preferred Customer** for the one-off fee of RM35 which entitles me to purchase Reliv products at a 20% discount.

Item Code	Description	Retail Price (RM)	Total Retail Price (RM)	Preferred Customer 20% Discount (RM)	Preferred Customer Autoship 25% Discount (RM)	Qty	Price (RM)
AS91013	Reliv Now with LunaRich	207		165.60	155.25		
AS91023	Reliv Classic	207		165.60	155.25		
AS91062	Reliv FibRestore	207		165.60	155.25		
AS91025	Reliv Arthaffect	276		220.80	207.00		
MY91027	Reliv ReversAge	392		313.60	294.00		
AS91051	Reliv Innergize (Orange)	86		68.80	64.50		
AS91050	Reliv Innergize (Lemon)	86		68.80	64.50		
MY91016	Reliv Now For Kids (Vanilla)	104		83.20	78.00		
MY91017	Reliv Now For Kids (Chocolate)	104		83.20	78.00		
AS91037	Reliv Slimplicity (Vanilla)	144		115.20	108.00		
AS91007	Reliv Glucaffect	242		193.60	181.50		

RETAIL PRICE

Preferred Customer Membership RM35

SUBTOTAL

Cash & Cheque Payment To - Reliv International Sdn Bhd

Maybank : Account No. 514057161584
CIMB Bank : Account No.1248-0011510-058

S&H for orders (Based on Retail Price):
(WM) Over RM250 - Free | Below RM250- Add RM10
(EM) Over RM350 - Free | Below RM350 - Add RM15

TOTAL DUE

AUTOSHIP PV50 FOR A FURTHER 5% DISCOUNT

(For Orders Of 1 Can Of Reliv Now/Classic OR Over Discounted Price RM166)

Please send this order to me monthly at a discounted price. I can notify Reliv to change or cancel this order at any time. I authorise Reliv to debit my credit card for the monthly autoship.

Signature: _____

Cheque / Money Order Direct Deposit

Visa Mastercard Exp. Date _____

Name on card _____

Signature _____