

RETAIL CUSTOMER ORDER FORM

**Five Easy Ways to Order:**

1. Call 1-800-10 (RELIVPH) 7354874 or (Reliv Office) +632-8126889
2. Text 0918-9073548
3. Fax completed form to: (+632) 856-6345
4. Email: ordersph@relivinc.com
5. Mail completed form to: **Reliv Philippines, Inc.**
Ground Floor (Unit 1) DPC Place Building, 2322 Don Chino Roces Avenue, Makati City 1231

DATE: _____ No.: _____

CUSTOMER'S NAME: _____

ADDRESS: _____

CITY: _____ POSTCODE: _____

HOME PHONE: _____ OFFICE PHONE: _____ MOBILE: _____

ITEM CODE	DESCRIPTION	QUANTITY	TOTAL
AS91013	Reliv NOW® with LunaRich- case of 13		
PH91015S	Reliv NOW® SACHET - case of 10		
PH92030	Reliv LunaRichX™ capsule - case of 12		
AS91023	Reliv CLASSIC® - case of 12		
AS91051	INNERGIZE® Orange - case of 12		
AS91050	INNERGIZE® Lemon - case of 12		
PH91050S	INNERGIZE® Lemon SACHET		
AS91062	FIBRESTORE® - case of 6		
PH91061S	FIBRESTORE® SACHET - case of 12		
PH91016	NOW FOR KIDS® Vanilla - case of 6		
PH91017	NOW FOR KIDS® Chocolate - case of 6		
AS91025	ARTHAFFECT® - case of 6		
PH91027	REVERSAGE® - case of 6		
AS91037	SLIMPLICITY® Vanilla - case of 12		
AS91007	GLUCAFFECT™ - case of 6		
TOTAL DUE Php			

Product Guarantee:

If for any reason you are not completely satisfied with any Reliv product you purchased, you may return it within 30 days after purchase for a full refund from your Independent Reliv Distributor.

INDEPENDENT RELIV DISTRIBUTOR'S NAME: Faith S. LimADDRESS: Mandaluyong City, Metro ManilaHOME PHONE: _____ OFFICE PHONE: _____ MOBILE: 0917-5536210**I have received the products in good order and condition.**

DISTRIBUTOR SIGNATURE: _____

CUSTOMER SIGNATURE: _____

DATE OF DELIVERY: _____