



SOLID START SUPERVISOR ORDER FORM

2089 Neways Drive • Springville, UT 84663 • Phone: 800.998.7232 • Fax: 800.799.5656

Date _____

Membership Information:

Last Name _____ First Name _____ Middle _____

Distributor ID# _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Volume Month _____ Sponsor Name/ID# _____

Ship To: *(leave blank if same)*

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip Code _____

To sign up for the Direct Ship Health Commitment Program, please initial.

_____ Please enroll me in the Direct Ship Health Commitment (DSHC) program. This is my first Direct Ship (DS) Order. DS Orders require an automatic form of payment; credit card or bank draft. DS Orders are repeated automatically every month until changed between the 5th and the 20th each month. *(New Distributors are required to purchase a Business Starter Kit (Item #0650, \$25.00). A \$10.00 credit will be given after 3 consecutive months of being on the DSHC program.)*

Qty.	Health Commitment Packs	PV	Whsle	Retail	Ext. Cost
	Neways Convert Your Health Pack (Item# 100665) 2 Convert Your Bathroom Packs, Resurrection Bio-Mist, Maximol, Revenol, Omega-3, Green Qi, Orachel, Life Enhancer (300 ct.), Skin Enhancer(50 ml)	317.20	\$326.70	\$464.50	

To include additional products in your Direct Ship order, please list them below.

Qty.	Item#	Description	PV	Whsle	Retail	Ext. Cost

Payment Information: *(Check one)*

Bank Draft Visa MC AMEX Other _____
(must have form# on file)

Card Number _____ Exp. Date _____

Card Holder's Signature *(required)*

Subtotal	
Shipping/Handling	<i>(Free with first order)</i>
Sales Tax	<i>*Sales tax calculation: retail total x sales tax rate</i>
Total	

For more details, log in to the Business Center at www.newaysonline.com or call the Neways Call Center at 1.800.998.7232.