



CDN-SOLID START SUPERVISOR ORDER FORM

3585 Laird Road Unit 8 • Mississauga, ON L5L 5Z8 • Phone: 888.583.3504 • Fax: 888.583.3562

Date _____

Membership Information:

Last Name _____ First Name _____ Middle _____

Distributor ID# _____

Street Address _____

City _____ Province _____ Postal Code _____ Phone Number _____

Volume Month _____ Sponsor Name/ID# _____

Ship To: *(leave blank if same)*

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ Prov. _____ Postal 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 10th and the 20th each month. *(New Distributors are required to purchase a Distributor Kit (item #0259CA, \$14.95). A credit will be given after 3 consecutive months of being on the DSHC program.*

Getting started is simple. Pick the Direct Ship Health Commitment pack that is right for you and enter the item number in the order form below.

Qty.	Health Commitment Pack	PV	Whsle	Retail	Ext. Cost
	Neways Solid Start Supervisor Pack (Item# 100711) 1 Convert Your Bathroom Pack, 1 Resurrection Bio-Mist, 1 Revenol, 1 VMM, 1 Hawaiian Noni, 1 Skin Enhancer, 1 Ming Life, 1 Travel Pack	338.35	\$338.35	\$478.45	

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 1.888.583.3504.