CANADA – PVQ PROTECTION FORM

NAME (LAST, FIRST, MIDDLE)

RCN #

SHIPPING ADDRESS (NO PO BOX)

CITY   PROVINCE   POSTAL CODE

PHONE

(   )   —

Yes, I want to protect my PVQ (Personal Volume Qualification). If, by close of business on the last day of business each month, I have not placed a personal wholesale order direct with Reliv for at least 100 PV, which I have designated as my PVQ order, then I authorize Reliv to place an order in my name using the PVQ selected below. I understand that I can change my selection of PVQ at any time by contacting Reliv's DSC. I am aware that I need to allow 10 business days for processing in the event I cancel my PVQ protection program. I understand that the amount charged to my credit card will be the retail cost of the pack I select **less my discount** plus packaging and handling and sales tax, if applicable. I understand this protection program will remain in effect as long as I am a Master Affiliate. **KFCSH $1 = 1pv, no bv and no discount.**

Want to protect your account? Sign up for the automatic PVQ protection program of your choice:

❶   **1. First, pick the type of program.**

☐ **Option 1** – Monthly – automatic order set up on the 1st of each month. This will be your designated PVQ order for the current month.

☐ **Option 2** – As needed – automatic order that is generated only when you need a PVQ order for the previous month's volume period. (Typically generates the 1st week of each month.)

❷   **2. Pick the type of order.**

☐ **Now We Can Pack** – by donating $60 to the RKF you will be providing nutrition to 12 kids for one month. (100PV/60BV/60RV)

☐ **Misc. Pack** (min. 100pts) List the products you wish to have automatically shipped as part of you PVQ protection program.

_____

_____

☐ **Kalogris Donation** – by choosing this option, you pick a set amount to be donated to Reliv's Kalogris Foundation. ($100 donation min = 100pts, no bonus volume)

$ _____

❸

CREDIT CARD PAYMENT

☐ Visa   ☐ MasterCard   ☐ American Express

I hereby authorize Reliv Inc. to process a charge to my Credit Card:

Card Number: ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____ – ____ ____ ____ ____

EXP. Date   MO. ____ ____ / YR. ____ ____

Cardholder's Name _____

Billing Address _____

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