



# PVQ PROTECTION FORM

Distributor Name \_\_\_\_\_

Distributor RCN Number \_\_\_\_\_

(Area Code) Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

## Choose on of the following options:

**Miscellaneous Pack** (Customize, Minimum 100 PV) \_\_\_\_\_



**“NOW WE CAN” Donation Package** 100 PV / 60 BV / 60 RV No discount will be applied. The Reliv Kalogris Foundation provides Reliv NOW for Kids to thousands of malnourished children throughout the world. By choosing this package you are making a \$60 Donation to the Foundation, providing nutrition to 12 malnourished kids for one month!

**Automatic** – \$60 Donation charged automatically on the 1st of each month covering the current month’s PVQ.

**Only As needed** – \$60 Donation charged on the 1st week of the month based on the previous months Activity, when the PVQ Protection is needed.

Yes, I want to protect my PVQ (Personal Volume Qualification). I authorize Reliv to charge my card based on the option chosen above if I have not placed a personal wholesale order direct with Reliv for at least 100 PV that is designated as a PVQ order. I understand that the amount charged to my credit card will be the retail cost of the pack I select (discount applied to Misc Pack), plus packaging and handling and sales tax, if applicable. (No P+H or sales tax on “NOW WE CAN” Donation)

## Applicant Signature

Date \_\_\_\_\_

If you have questions regarding your PVQ plan please call the DSC 800-735-4887.

## CREDIT CARD PAYMENT

Visa       MasterCard       American Express       Discover

*I hereby authorize Reliv, Inc. to process a charge to my Credit Card the 1<sup>st</sup> week of each month automatically or when I have not placed a PVQ order by the last business day of the previous month.*

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. Date      MO. \_\_\_\_ / YR. \_\_\_\_

Cardholder’s Name \_\_\_\_\_

Billing address \_\_\_\_\_  
\_\_\_\_\_