



Never miss your 2 shakes a day!

# Sign up for Reliv Autoship!\*



- ✔ **Automatic** product delivery every month\*
- ✔ You save time and will not run out of Reliv products.
- ✔ You choose your Autoship schedule (within 5th to 25th of the month).
- ✔ AS50 required for Master Affiliate **to earn overrides** and **qualify for Reliv incentive trips**.

\* minimum of 50PV

# Easy Steps to Enroll in Autoship\*

## STEP 1: Fill up the Product Order Form.

Choose your preferred monthly Autoship products and provide complete details with your signature at the bottom left part of the form.

**AUTOSHIP (AS50)**

Please send this order to me monthly OR

I donate 50PV, or \_\_\_\_\_PV (higher amount) to the Kalogris Foundation monthly.

*\* I authorize Reliv to debit my credit card on (date) \_\_\_\_\_ for the monthly autoship/donation.*

*\* I can notify Reliv to change or cancel this autoship order/donation 5 days before due date of my next autoship.*

**PH Master Affiliates must be on a minimum monthly 50PV autoship (AS50) to earn override bonuses.**

\_\_\_\_\_ SIGNATURE

**RELIV PRODUCT ORDER FORM**  
For Philippine Orders (as of July 2018)

**Easy Ways to Order:**

- Online [www.reliv.com.ph](http://www.reliv.com.ph)  
Simply contact Reliv by using RCN and password
- Call 1-800-10 (RELIVPH) 735-8874 or Reliv Office (432) 812-8889
- Text/Viber: 0932-892-6924
- Fax completed form to: (432) 856-6355
- Email: [ordersph@relivinc.com](mailto:ordersph@relivinc.com)

PURCHASED BY		SHIPTO	
Today's Date: _____		Name: _____	
Name: _____		Address: _____	
RCN / ID No.: _____		Phone: _____	
Profile Level: _____		Email: _____	
Phone: _____		Delivery Instructions: _____	
Address: _____			

  

ITEM CODE	DESCRIPTION	QTY	PRICE	PROFIT		PRICES INCLUDE 12% VAT					QTY	PRICE	
				AMOUNT	AMOUNT	REV	25%	37%	35%	45%			
PH82030M	Miso Paste	2,000	50	100,000	3,400	2,000	2,000	2,200	2,300	2,210	2,000		
PH8212S	Starter Pack	8,500	175	1,487,500	11,340	8,072	8,500	7,850	7,350	7,371	6,004		
PH8201Z	Super Paste	19,500	540	10,530,000	24,520	17,318	18,500	18,014	18,113	20,412			
PH8203D	LunaRichX capsules - 30	700	20	14,000	1,104	1,035	966	897	828				
PH82120	LunaRichX capsules - 120	2,000	75	150,000	4,940	3,872	3,630	3,360	3,146	2,904			
AS81913	Reliv NOW	2,000	50	100,000	3,300	2,608	2,445	2,282	2,119	1,956			
PH81515	Reliv NOW sachet 60g	1,800	40	72,000	2,640	2,112	1,980	1,848	1,716	1,584			
PH81518	Reliv NOW sachet 120g	400	10	4,000	600	544	510	478	442	405			
AS81051	INNERGIZE Orange	1,000	22	22,000	1,880	1,344	1,280	1,178	1,082	1,008			
AS81052	INNERGIZE Lemon	1,000	22	22,000	1,880	1,344	1,280	1,178	1,082	1,008			
AS81082	INNERGIZE Orange	2,000	45	90,000	2,940	2,352	2,200	2,050	1,911	1,784			
PH81816	NOW for KIDS Vanilla	1,000	20	20,000	1,900	1,500	1,425	1,300	1,235	1,140			
PH81817	NOW for KIDS Chocolate	1,000	20	20,000	1,900	1,500	1,425	1,300	1,235	1,140			
AS81003	ARTHAFFECT	2,700	60	162,000	3,780	3,024	2,835	2,646	2,457	2,268			
PH82017	REVENGEAGE	4,250	75	318,750	8,600	4,660	4,200	3,900	3,710	3,460			
<b>TOTAL PV</b> _____												<b>TOTAL DUE (PV)</b> _____	

  

**Cash Payment by Reliv Philippines, Inc.**

Bank of the Philippines Branch: \_\_\_\_\_ Current Acct. No. 0054-0802-0441

Bank of the Philippines Branch: \_\_\_\_\_ Current Acct. No. 0091-0625-77

**PAYMENT:**

Cash  Bank Deposit: *(Please fax or email the bank deposit slip)*

Credit Card Issuing Bank:

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

FULL NAME ON CREDIT CARD: \_\_\_\_\_

SIGNATURE EXACTLY AS IT APPEARS ON CARD: \_\_\_\_\_

X

## STEP 2: Choose your mode of payment

### CREDIT CARD

Provide details for monthly auto-charge.

## OR

### BANK DEPOSIT

Make sure to send a copy of the deposit slip to the Reliv office before your chosen Autoship date.

Banco de Oro: Acct. No. 0054-0802-0441

BPI: Acct. No. 0091-0625-77

## STEP 3:

Submit completed form through any of the following:

**fax: 02-856-6355**

**email: [ordersph@relivinc.com](mailto:ordersph@relivinc.com)**

**Viber: 0932-8926924**

**PAYMENT:**

Cash  Bank Deposit: *(Please fax or email the bank deposit slip)*

Credit Card Issuing Bank:

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

FULL NAME ON CREDIT CARD: \_\_\_\_\_

SIGNATURE EXACTLY AS IT APPEARS ON CARD: \_\_\_\_\_

X

For more info, please contact your upline or call the Reliv office at 02-812-6889

Nutrition made simple. Life made rich.

**reliv.com.ph**