

RETAIL CUSTOMER ORDER FORM

**Five Easy Ways to Order:**

1. Call 1-800-10 (RELIVPH) 7354874 or (Reliv Office) +632-8126889
2. Text 0918-9073548
3. Fax completed form to: (+632) 856-6355
4. Email: ordersph@relivinc.com
5. Mail completed form to: **Reliv Philippines, Inc.**
Ground Floor (Unit 1) DPC Place Building, 2322 Don Chino Roces Avenue, Makati City 1231

DATE: _____ No.: _____

CUSTOMER NAME: _____

ADDRESS: _____

CITY: _____ ZIPCODE: _____

HOME PHONE: _____ OFFICE PHONE: _____ MOBILE: _____

ITEM CODE	DESCRIPTION	QUANTITY	TOTAL
PH92030M	Mini Pack		
PH92012S	Starter Pack		
PH92012	Super Pack		
PH92030	Reliv LunaRichX capsules - 30		
PH92120	Reliv LunaRichX capsules - 120		
AS91013	Reliv NOW		
PH91015S	Reliv NOW sachet		
PH91015B	Reliv NOW mini box		
AS91051	INNERGIZE Orange		
AS91050	INNERGIZE Lemon		
AS91062	FIBRESTORE		
PH91016	NOW FOR KIDS Vanilla		
PH91017	NOW FOR KIDS Chocolate		
AS91025	ARTHAFFECT		
PH91027	REVERSAGE		
TOTAL DUE Php			

Product Guarantee:

If for any reason you are not completely satisfied with any Reliv product you purchased, you may return it within 30 days after purchase for a full refund from your Independent Reliv Distributor.

INDEPENDENT RELIV DISTRIBUTORS NAME: _____

ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____ MOBILE: _____

I have received the products in good order and condition.

CUSTOMER SIGNATURE: _____

DATE OF DELIVERY: _____