Office use only:

InnerLight Worldwide, Inc.
867 East 2260 South
Provo, UT 84606

Fax: 801-655-0621

Preferred Customer Agreement

Customer Information - Please Print Clearly

Last Name _____ First Name _____ Initial ____

Address _____ Telephone Number _____

City/Town _____ State/Province _____ Zip/Postal Code _____ Country/Territory _____

Enroller Information

Enroller's Distributor ID Number | 1 | 9 | 0 | 0 | 9 | 3 |

Telephone Number |___|___|___|___|___|___|___|___|___|___|

Enroller's Last Name THORSTEN First Name Initial

Shipping/Handling Rates

Please check one:
Greater of:

- ❑ **Ground Service**
  $0-$200 $7.95; $201-$400 $10; $401-$600 $15; $601-$900 $20 OR $901 and above, 4% of total order
- ❑ **Third day UPS**
  $12.00 min OR 6% of total order
- ❑ **Second day UPS**
  $19.25 min OR 11% of total order
- ❑ **Next day UPS**
  $26.50 min OR 13% of total order

Any order over 70 lbs. or outside of the Continental United States requires special shipping arrangements. Contact InnerLight Distributor Relations at (801) 655-0601.

Subject to change without notice.

Item #	Description	Qty	Cost Each	Total
810001	Preferred Customer Education Kit	1	5.00	5.00

Prices subject to change without notice

I will become a Preferred Customer upon acceptance of this agreement and will, at that time, have the right to buy InnerLight products at a 15% discount. I further understand that product prices are subject to change and it is therefore understood that the monthly charge may vary to reflect these changes. This constitutes the entire agreement between me and the company and no other promises, representations, guarantees, or agreements of any kind shall be valid unless in writing and signed by both parties.

Subtotal _____ . ____

Applicable Tax _____ . ____

Shipping/Handling _____ . ____

Total Amount Due

Payment: ❑ VISA ❑ MasterCard ❑ American Express ❑ Discover ❑ Bank Draft*

Card Number |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___| Expiration Date |___|___|___|___| Authorized Signature _____ Date _____

Bank Name _____ Routing Number _____ Account Number _____

* Bank drafts must be faxed or mailed to the office and be accompanied with a voided check.

Signature _____ Date _____

Please return to: **InnerLight Worldwide Inc.**, 867 East 2260 South Provo, Utah 84606 USA or Fax to: 801-655-0621
Please make copies of this form as needed

www.innerlightinc.com

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