HERBALIFE®

RETAIL ORDER FORM

DATE _____

DISTRIBUTOR

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____

CUSTOMER

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____

QUANTITY	DESCRIPTION OF GOODS	UNIT PRICE
COMMENTS:	**SUBTOTAL**	
	TAX	
	TOTAL	

PLEASE ARRANGE TO GIVE A FREE HOME DEMONSTRATION

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

sign here only >>> _____

CUSTOMER'S SIGNATURE