



CONFIDENTIAL WHOLESALE PRICE LIST AND PURCHASE ORDER FORM

Our 100% Risk-Free Guarantee:

- 1 **90-Day 100% Buy-Back Guarantee** on Any Order!
- 2 **If Any Customer Returns Our Product, We Credit You 100%, And It Costs You Nothing!**

2 Easy Ways to Order And Save:

- 1 **FAX** This Form to **(310) 601-7236** — FASTEST
- 2 **SEND** This Completed Form to:
Product Fulfillment Services
c/o BrightLife, Inc.
2010 W. Avenue K, Suite 644
Lancaster, CA 93536

Suggested Retail Price: \$147.00 USD per unit

Bulk Order Discounts (per individual order only)

< 50 units	-->	40% Discount	500-999 units	-->	48% Discount
50-99 units	-->	42% Discount	1000-4999 units	-->	50% Discount
100-199 units	-->	44% Discount	5000-9999 units	-->	55% Discount
200-499 units	-->	46% Discount	≥ 10000 units	-->	60% Discount

Product Order Form - "How to Free Yourself..." 3-CD Audio Program

# Boxes	Wholesale Price	Total
	$\$147 \times 8 \times (\# \text{ boxes}) \times (.60 / .58 / .56 / .54 / .52 / .50 / .45 / .40)$	= \$ _____
Multiples of 8 units 8 units = 1 box	Please circle resulting wholesale discount rate: ⬆ E.g. 48 units purchased = 40% discount rate = .60 240 units purchased = 46% discount rate = .54 8000 units purchased = 55% discount rate = .45	

Subtotal: \$ _____

Domestic Shipping:

- \$10 first box, \$5 each additional
- Please allow up to 4 weeks for delivery

Shipping: \$ _____

International Shipments:

- Available for orders of 50 or more units only
- Please call 310.388.3400 for International Shipping rates to your country.
- Please allow up to 8 weeks for delivery

CA Sales Tax (8.25%): \$ _____
(if applicable)

SHIPPING IS FREE FOR ORDERS ≥ 100 UNITS!
(Applies to U.S. Domestic Shipments only.)

TOTAL: \$ _____

SHIP ORDER TO: (Company Name): _____ Order Date: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip / Postal Code: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

Tax ID#: _____ Reseller Permit # (if CA): _____ P.O. #: _____

PAYMENT: Check or M.O. C.C. #: _____ Exp: ____ / ____ Sec. Code: _____

Cardholder's Name: _____ Cardholder's Billing Address: _____

Cardholder's Phone: _____ Cardholder's Signature: _____