



# 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	<b>≥ 10000 units</b>	-->	<b>60% Discount</b>

## 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: <b>⬆</b> E.g. 48 units purchased = 40% discount rate = <b>.60</b> 240 units purchased = 46% discount rate = <b>.54</b> 8000 units purchased = 55% discount rate = <b>.45</b>		

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: \_\_\_\_\_