

Associate Information (Please Print)

Date _____

SSN# or Federal ID# _____ Date of Birth _____

First Name _____ Middle Initial _____ Last Name _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Hm. Phone (_____) _____ Wk. Phone (_____) _____

Fax. Phone (_____) _____ Cell Phone (_____) _____

Shipping Address (UPS Will Not Deliver to P.O. Boxes)

e-mail _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

NOTE: If Sponsor is replacing inventory, ship this initial order ONLY to ID# _____

Sponsor Information

First Name _____ Middle Initial _____ Last Name _____

Associate No., SSN or Federal ID# _____ Center # _____

Placement

Automatic placement of this Sales Associate's BV will be at the nearest point in the weakest leg of the Sponsor's 001 organization unless otherwise specified. Sponsor may elect to "place" BV at a specific point in the organization. Complete the following section, otherwise, please leave this section blank, as no changes in placement are allowed.

Place BV Under _____ Place Sales Associate on _____ Right or _____ Left Side

Associate No., SSN or Federal ID# _____ Center # _____

Associate Level & Pack Selection

- ____ SESA (Includes: Internet Kiosk, Virtual Office and 3 Product Packs) \$999.95
- ____ ESA (Includes: Internet Kiosk, Virtual Office and 2 Product Packs) \$599.95
- ____ MSA (Includes: Starter Kit, Virtual Office and 1 Product Pack) \$299.95

Virtual Office Password (5 - 8 Characters)
____.healingamerica.com
Kiosk Name (if ESA, 3 letters min.)

- ____ Business-Builder Pack (Includes: 2 Néctavida Boxes and 2 Revvida Boxes)
- ____ Perfect Start Basic Pack (Includes: 1 Perfect Start Basic System, 1 Néctavida Box and 1 Revvida Box)
- ____ 21-Day Perfect Start System (Includes: Colon Detox, Colon Activator, Detoxal 21, AlliPRO, LiverClear Tea and H2Clear)
- ____ Reshape System Pack (Includes: 1 Reshape System, 1 Néctavida Box and 1 Revvida Box)
- ____ Daily Maintenance Pack (Includes: 1 eN-Zyme, 1 Immunal, 1 e-Radicator, 1 T.J. Clark's Colloidal Minerals, 1 Néctavida Bottle and 1 Revvida Box)

2nd Day Air Shipping Rates	
\$100 - \$199 add \$10	
\$200 - \$399 add \$20	
\$400 - \$599 add \$25	
\$600 - \$799 add \$30	
Alaska and Hawaii MUST add \$10 to 2nd Day Shipping Rate	
KY Residents (add 6% Sales Tax)	\$
5% Shipping (\$8.95 minimum)	\$
2nd Day Shipping	\$
Grand Total	\$

- ____ Business-Builder Easy Ship - Yes, I am agreeing to the monthly autoshipment of \$80 or more to maintain my earnings qualification. I am agreeing to 3 consecutive months on the Easy Ship plan. I understand that I may change my product selection for any month at least 24 hours prior to my ship date. My Easy Ship selection is checked below.
- ____ Revvida/Néctavida Boxes extreme discount Revvida cost BEFORE shipping \$ 114.00
- ____ 1 AmeriLean, 1 AmeriSlim extreme discount AmeriTrim cost BEFORE shipping \$ 90.00
- ____ 1 Néctavida, 1 AlliPRO extreme discount eN-Zyme cost BEFORE shipping \$ 85.00

Form of Payment

____ Visa ____ MasterCard ____ Discover ____ American Express ____ Check Enclosed

Card Number _____ - _____ - _____ - _____ 3-Digit Code _____

Authorized Signature _____ Print Name _____ Exp. ____/____

Authorization

By signing, I acknowledge receipt of the Terms of Agreement and the Policies and Procedures on the reverse side of this form. I have closely read, understand and willingly agree to be bound by all of these terms and conditions. I have the right to cancel my Registered Sales Associate status at any time, regardless of reason, by submitting such cancellation notice in writing to Healing America at the above address. Please accept my Registered Sales Associate Application in accordance with all of Healing America's terms and conditions.

Authorized Signature _____ Date _____

Date Received _____ Entered by _____ Date Entered _____ Approval Code _____ HA No. _____