

HEALTHPOINTE Customer Order Form

Name _____ Customer # _____	
Address _____	
City/State/Zip _____	
Email _____ Phone _____	
PAYMENT (check one): Cash ____ Check# _____	
Visa ____ MasterCard ____ Discover ____ American Express ____	
Credit Card # _____	
Exp. Date ____/____ 3/4-Digit Code _____ Signature _____	
Billing Address _____	

N21 HealthPointe Weight Loss/Management Program (HP100)	\$109.00
Sales Tax ____%	\$
TOTAL "A"	\$

Consider one of the below bundles to jump start your success:

Basic Health Products	\$188.00/\$190.00
Nutriline Supplements Pack	Sales Tax ____%
Men's (123365) ____ or Women's (123372) ____	\$
Nutriline Fiber Powder (102736)	Shipping Fee
XS Energy + Focus (Rhodiola) (101593)	\$
BodyKey Cinnamon Swirl Meal Replacement Bars (290761)	TOTAL "B"
XS Protein Shakes Chocolate (110369) ____ or Vanilla (110370) ____	\$

Optimal Health Products	\$273.00
Nutriline Optimal Health Supplements Pack	Sales Tax ____%
Perfect Pack For Your Health (123377)	\$
Nutriline Fiber Powder (102736)	Shipping Fee
XS Energy + Focus (Rhodiola) (101593)	\$
BodyKey Cinnamon Swirl Meal Replacement Bars (290761)	TOTAL "C"
XS Protein Shakes Chocolate (110369) ____ or Vanilla (110370) ____	\$

TOTAL "A"	\$
TOTAL "B"	\$
TOTAL "C"	\$
GRAND TOTAL	\$

**Purchase optional. Subject to change.*