ARBONNE® Consultant Product Order Form/Tax Invoice | AUSTRALIA

1800 650 760
Effective July 2007

CONSULTANT INFORMATION *(Must be completed in full. Please print.)*

Consultant Name _____

Consultant ID Number _____ Date _____

Daytime Phone _____

Evening Phone _____

E-mail Address _____

Total Amount of Order $ _____

❒ *Tick this box if the order is to be shipped to above Consultant*

SHIPPING INFORMATION *(Complete if shipment is to other than Consultant's address.)*

Ship to _____ C/O _____

Address _____

City _____ State _____

Postcode _____

Daytime phone _____

Evening phone _____

ITEM #	ARBONNE PRODUCT DESCRIPTION	Qty	QV*	RRP net GST*
	Out of space? Attach additional Order Form and tick off attachment below			
	TOTAL QV (Qualifies for Product Specials and Campaigns) →			
1	**TOTAL RRP NET GST**			$
2	**DISCOUNT 35%** (Line 1 x .35)			$
3	**SUBTOTAL** (Line 1 – Line 2)			$

ITEM #	SPECIAL PRODUCTS and BUSINESS AIDS	PRICE	QTY	TOTAL
	Bonus Product(s) 1 with every 50 QV increment Choose from Arbonne Intelligence Cleansing Gel, Body Lotion, Hand Cream, Herbal Foot Cream			
475	Arbonne Intelligence Cleansing Gel	**$8.00**		
460	Arbonne Intelligence Body Lotion	**$8.00**		
465	Arbonne Intelligence Hand Cream	**$8.00**		
470	Arbonne Intelligence Herbal Foot Cream	**$8.00**		
	PwP of the month – available with every 75 QV increment			
	Additional PwP			
3950	**Host Gift –** NutriMinC™ RE⁹™ Anti-Ageing Body Care System $133 value for $35 with each 150 QV increment	**$35.00**		
507	**Host Special –** $145 RRP of product for $29 with each 250 QV increment List items below or attach Recommended Retail Price List and add total here	**$29.00**		
1903	**RSVP –** Please attach "Recommended Retail Price List & Order Form" and enter price	**$500.00**	1	
1904	**RSVP2 –** Please attach "Recommended Retail Price List & Order Form" and enter price	**$500.00**	1	
	Business Aids – List items below and add total here			
4	**TOTAL SPECIAL PRODUCT(S) & BUSINESS AIDS**			$
5	**SUBTOTAL** GST Inclusive (Line 3 x 1.1 + Line 4)			$
6	**SHIPPING & HANDLING** (based on Line 5, see Shipping Rates Chart)			$
7	**TOTAL PAYABLE** enclose this amount (Line 5 + Line 6)			$

** Check that totals have been multiplied by Quantity ordered.*

METHOD OF PAYMENT

Credit Card:

❍ MasterCard ❍ Visa ❍ American Express

Credit Card Number:

_____

Expiration Date _____ / _____

I authorise Arbonne to charge the above Order Total for this order. If there are any miscalculations, Arbonne will contact you to arrange a revised authority.

Amount applied to this order $ _____

Cardholder's Name (PRINTED)

_____

Cardholder's Phone _____

Cardholder's Signature

_____

❍ ***Tick here if using more than one credit card, and attach information on a separate sheet.***

Total amount of credit card charges applied to this order $ _____

Shipping Rates
Carry over shipping rate to line 6

Product Order Total (GST Inclusive)	
$0 – $500	$10.00
$500.01 – $1,000	$15.00
$1,000.01 +	$20.00

CANCELLATION NOTICE
You may cancel this transaction at any time during the next ten days. Simply call, fax, or write to Arbonne.

Arbonne is a provisional Member of the Direct Selling Association of Australia and Subscribes to the DSAA Code of Practice.
www.dsaa.asn.au

ARBONNE®

Please send completed form and payment to:
ARBONNE EUROPE SÀRL
c/o Arbonne Australia PTY LTD
Level 1 Building C, Rhodes Corporate Park
1 Homebush Bay Drive, RHODES NSW 2138
Fax (02)9743 6228

OR, order toll-free 1800 650 760
Monday – Friday: 9 am – 5 pm local time

OR, online @ arbonne.com
On the last business day (Close Day) of the month, all Internet orders must be received by 10 p.m. local time and all telephone, fax and mail orders must be received by 5 p.m. local time to be processed that day and applied to the current calendar month.

OFFICE USE ONLY:

Date Rec'd

Amt. Rec'd

MO#

$-Other

DB/CR

To be chg'd

Chg. approval #

Processed by

Order #

9643/01 03
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ARBONNE.COM

White Copy - Send to Arbonne *Yellow Copy - Independent Consultant, keep for your records*

Attached to this order, please find *(tick all that apply):* ❍ Additional Consultant Product Order Form(s) ❍ Independent Consultant Application & Distribution Agreement ❍ Recommended Retail Price List & Order Form(s)

Total # of pages faxed: _____