



Affiliate Sales Order Form

Customer Name (Last, First, M.I.) Affiliate ID#:

Day Phone Eve. Phone Fax

Shipping Address: (Cannot ship to a P.O. Box):

Street Address Apt/unit #

City State ZIP Code E-mail Address:

Item Description	Quantity	Retail Price (Each)	Total Cost
Aller-Check Food Allergy Test Kit		\$196.00	
Aller-Check Spice & Herb Test Kit		\$175.00	
Healthy Balance Bars (30/box)		\$57.75	
Healthy Balance Bars (2 or more boxes)		\$52.50/box	
On-Tract		\$41.96	
Food Allergy Book		\$4.00	
Subtotal			\$
Shipping & Handling (3% of Subtotal)			\$
Subtotal			\$
Total Amount Due			\$

Payment Information:

1. **Credit Card:** Card type (check one) Visa MasterCard AmEx Discover Exp. Date:

Card Number: ---

Cardholder's Name (exactly as it appears on card):

2. **Money Order** (attached)

3. **Check:** Driver License Number State: Check Number:

Bank Name: Bank Phone:

Bank Routing Number: Account Number

Authorized Signature: Date:

Signature:

I certify that I have a working knowledge of the products I am purchasing for my Health Dynamics Business. I will notify Health Dynamics immediately if I have not received such product within seven business days from the date this order is placed. I further certify that I have sold or personally consumed at least 70% of the total amount of previously purchased Health Dynamics products.

Signature (Required) **Date:**