

## NUTRITIONAL PRODUCTS RETAIL ORDER FORM

Representative I.D. number: \_\_\_\_\_  
 Customer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**PLEASE CHECK ONE BOX**

AUTO SHIP ORDER  
 ONE TIME ORDER  
 CHANGE TO EXISTING ORDER

AUTOSHIP IS PROCESSED EACH CONSECUTIVE MONTH ON SAME DATE  
 AS INITIAL ORDER (PLUS OR MINUS 72 HOURS)  
 AUTOSHIP CHANGES MUST BE FAXED OR E-MAILED 5 DAYS PRIOR

### ESCAPE NUTRITIONAL PRODUCTS

CODE	DESCRIPTION		Suggested Retail	S&H and Processing	QTY	ITEM COST
003	NRG Meal Replacement Shake - VANILLA (6 cans)		\$172.50	\$12.42		
003A	NRG Meal Replacement Shake - CHOCOLATE (6 cans)		\$172.50	\$12.42		

TOTAL COST OF ORDER


### ATTENTION PURCHASER

**THIS BOX MUST BE INITIALED, INDICATING AGREEMENT AND ACCEPTANCE OR ORDER WILL NOT BE PROCESSED.**

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- 1) I am of legal age and competent to enter a contract in the jurisdiction in which I reside.
- 2) I have sold or have consumed at least 70% of all previously ordered purchases.
- 3) I am in compliance with the current version of the Company Marketing Plan and the Company Policies and Procedures.
- 4) All information presented on this form is true and accurate. Escape International may not accept this product order if the box is not initialed.
- 5) ESCAPE INTERNATIONAL STRICTLY ADHERES TO A THIRTY (30) DAY RETURN POLICY

Personal checks not accepted

<b>CREDIT CARD INFORMATION</b>	
Please charge my credit card for the amount indicated.	
	
Credit Card #	Exp. Date
Signature:	
Print Card Holder Name:	
ACH Checks	
Routing Number	
Account Number	
Bank Name	
Account Name	