



Preferred Customer Purchase Order Form

Please make a copy of this original and retain it for future use. Fill out the copy and mail it to the address listed below or fax it to 801.409.8079

[FORM 103 US]

Customer Information

Date: month day year
 / /

| | | | |
|--------------------------|------------|-----------------------|----------------|
| last name (please print) | first name | middle initial | customer ID # |
| address (street) | | city | state zip |
| phone | fax | mobile (not required) | email address |

Shipping Information (if different)

| | | | |
|---|------------|----------------|-------------------------------|
| last name (if different from customer info) | first name | middle initial | business name (if applicable) |
| address (street) | | city | state zip |

Sponsor Information

| | | | |
|--------------------------|------------|----------------|------------------------------|
| last name (please print) | first name | middle initial | business name (if different) |
| distributor ID number | | | |

Purchase Order

| code # | description | size | quantity | retail price | retail total |
|--------|-------------|------|----------|--------------|--------------|
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- ☐ Make this order an Automatic Purchase (AP) each month. (Terms and Conditions on back)
- ☐ Make this order a one-time purchase only.


| | |
|-----------------|-----------|
| *Quantity TOTAL | Subtotal |
| | Sales Tax |
| | *Shipping |
| | TOTAL |

*To calculate shipping rate, please refer to the Shipping Rate Table on back. ----- ➡

Payment Information

I understand that this purchase does not qualify me as a Sisel™ Distributor and that this purchase is made through the Distributor ID number on this form. If at any time I wish to become Sisel Distributor, I can submit an Independent Distributor Application and Agreement under the sponsor listed on this form. If for any reason my products arrive in unsatisfactory condition, I will alert the carrier immediately and notify Sisel Customer Service Department within 7 days. All purchases are subject to local sales tax in my region. Shipping and handling charges will be calculated and charged at the time of processing.

NOTICE TO BUYER: You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the reverse side of this form for an explanation of this right.

| | | | |
|---|--------------------|--|------|
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX | credit card number | expiration date | CCV# |
| name as shown on card | | signature of cardholder (required)  | |

| | |
|--|-----------------|
| <input type="checkbox"/> ACH (Complete FORM 104) | amount remitted |
|--|-----------------|