LaundryPure Order Sheet – Retail Customer / Wholesale Member

Sponsoring DEALER # 9496391, Circle pi, Corey & Sandi Peiffer, circlepi.com/LaundryPure, myvollara.com/circlepi
2046 Treasure Coast Plaza, Ste A PMB 369, Vero Beach, FL 32960
Phone: 772-321-3653 Fax: 772-365-0875 email: CoreyPeiffer@circlepi.com

WHOLESALE MEMBER (PASSIVE DEALER): No performance requirements. No further expectations other than to:

(1) provide SSN# _____ and birth date (mmddyyyy) _____,
(2) provide leads/referrals to my sponsoring dealer upon satisfaction with the LaundryPure product,
(3) consent to company's verification of provided social security number,
(4) consent to Corey Peiffer processing my order online, agreeing on my behalf to the *Consent to Electronic Record, Terms & Conditions, Policies and Procedures,* and *Compensation Plan*, understanding that there are NO further requirements or expectations of me as a WHOLESALE MEMBER (PASSIVE DEALER).

Description:	❑ Retail	❑ Wholesale	Quantity	
LaundryPure – Traditional Top Load Washer	$799.99	$599.99	_____	$_____
LaundryPure – High Efficiency Front Load Washer	$799.99	$599.99	_____	$_____
DEALER INSTALLATION of LaundryPure (ship to dealer)	$75.00	$75.00	_____	$_____
Pre-Filter Kit: reduces source water chlorine and iron	$79.99	$50.99	_____	$_____
LaundryPure Replacement Pre-Filter (every 6 months)	$24.00	$16.00	_____	$_____
LaundryPure Power Cord	$30.00	$21.00	_____	$_____
LaundryPure Replacement Hose	$10.99	$9.99	_____	$_____

LaundryPure reduces or eliminates the need for laundry detergent. While many users find that LaundryPure alone effectively cleans their laundry, you may find it necessary to pre-treat or use a reduced amount of detergent to remove certain stains. If you find that detergent is necessary, we recommend using 1/8th the amount you previously used before your LaundryPure purchase.

Subtotal: $_____
Tax (calculated online): $_____
Shipping/Handling (calculated online): $_____
Total: $_____

Name: _____
Billing Address: _____
City/State/Zip: _____
Phone: _____ Cell Phone: _____
Fax: _____ email: _____

Ship to: ❑ DEALER for DEALER INSTALLATION
❑ address below for self-installation
❑ shipping address same as billing address
Shipping Address: _____
City/State/Zip: _____

Payment Method: ❑ Cash ❑ Check number: _____
Date: _____
Authorizing Signature:

X _____

❑ Credit Card:
Name on card: _____
Credit Card Type: _____
Credit Card Number: _____
Expiration Date: _____

❑ per phone communication

Credit Card Transaction Description: "VOLLARA 800-989-2299 DALLAS TX"

v2011-09-23