



# RETAIL PRODUCT ORDER FORM

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**EMAIL:** \_\_\_\_\_

@ \_\_\_\_\_

5070 Robert J Mathews Pkwy, Ste. 200 ~ El Dorado Hills, CA 95762 ~ (888) 891-1212 ~ Fax (916) 939-9842

ORDER DATE \_\_\_\_\_

DISTRIBUTOR'S ID# \_\_\_\_\_


Retail Customer - No discount

SOLD TO: \_\_\_\_\_  
 LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

NO PO BOXES) NUMBER \_\_\_\_\_ STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 DAY PHONE  
 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 EVENING PHONE

SHIP TO (IF DIFFERENT) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

NO PO BOXES) NUMBER \_\_\_\_\_ STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ENROLLER'S NAME \_\_\_\_\_

ITEM #	DESCRIPTION	UNITS/PACK	Q.V.	RETAIL PRICE	QTY	RETAIL TOTAL
<b>Power</b>	<b>Power Pack</b>	1 EnerPrime Powder; 1 delta-E	62.58	\$89.00		
<b>600W</b>	<i>Delta E</i>	1 Box = 20 Individual Packets	27.93	\$39.90		
<b>700W</b>	<i>EnerPrime</i>	1 BOTTLE = 211.5 gms	34.65	\$49.50		
<b>800W</b>	<i>EnerPrime Capsules</i>	1 BOTTLE = 180 Capsules	27.72	\$38.50		
<b>770W</b>	<i>ProstElan</i>	1 BOTTLE = 60 Capsules	34.65	\$49.50		
<b>790W</b>	<i>EnerEFA TM</i>	1 BOTTLE = 90 Capsules	25.02	\$32.50		
<b>760W</b>	<i>EnerEssence II TM</i>	1 BOTTLE = 120 Capsules	29.75	\$42.50		
<b>765W</b>	<i>MenoPause Formula</i>	1 BOTTLE = 60 Capsules	25.02	\$32.50		
<b>750W</b>	<i>EnerEssence I TM</i>	1 BOTTLE = 120 Capsules	25.02	\$32.50		
<b>755W</b>	<i>PMS Relief Formula</i>	1 BOTTLE = 60 Capsules	25.02	\$32.50		
<b>720W</b>	<i>Thermo Factor</i>	1 BOTTLE = 60 Capsules	26.95	\$38.50		
<b>730W</b>	<i>Lean Factor</i>	1 BOTTLE = 60 Capsules	27.65	\$39.50		
<b>710W</b>	<i>BodyPRIME Basic Pack</i>	(2) Lean Factor; (3) Thermo Factor	117.00	\$170.50		
<b>770W</b>	<i>ProstElan Case</i>	10 BOTTLES of ProstElan	346.50	\$495.00		

**Special Shipping and Handling:**

2nd Day Air: Actual UPS Cost Added.

Next-Day Air: Actual UPS cost Added.

**RETAIL SUBTOTAL**  
 Add 8.50% Shipping and Handling  
 5% for retail orders over \$500.00  
 (\$7.50 MINIMUM)

**METHOD OF PAYMENT**

CASH  CHECK #

VISA / MC / DISC / AMEX  
 (CIRCLE ONE)

\_\_\_\_\_  
 CREDIT CARD NUMBER

\_\_\_\_\_  
 Exp Date

\_\_\_\_\_  
 SIGNATURE REQUIRED FOR CREDIT CARD ORDERS

**SUBTOTAL:**

**ADD LOCAL SALES TAX**

**SUBTOTAL:**

**Grand Total**

ADD
ADD