

RETAIL ORDER FORM



VELOCITY INTERNATIONAL MARKETING
102 WEST 9TH STREET
OWENSBORO, KY 42303
TEL: (270) 689-0035
FAX: (270) 684-6176
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CUSTOMER INFORMATION (Please Print)

Distributor ID# _____ Date ____ / ____ / ____
 First Name _____ Last Name _____
 Company Name _____
 Street Address _____
 City _____ State _____ Zip _____ - _____
 Hm. Phone (_____) _____ - _____ Wk. Phone (_____) _____ - _____
 Fax. Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____
 E-mail _____

SHIPPING ADDRESS (FedEx Will Not Deliver to P.O. Boxes)

First Name _____ Last Name _____
 Street Address _____
 City _____ State _____ Zip _____ - _____

PRODUCTS

Quantity	Item Number	Product Description	Whsl. Each	Whsl. Total
	VIM-1001	Maximum Velocity™	\$75.00	\$
	VIM-1002	Maximum Velocity™ Single Serve Packets	\$75.00	\$



Product Order Subtotal	\$
KY Residents (add 6% Sales Tax)	\$
5% Shipping (\$8.95 minimum)	\$
2nd Day Shipping	\$
Grand Total	\$

2nd Day Air Shipping Rates

\$100 - \$199 add \$10 \$200 - \$399 add \$20 \$400 - \$599 add \$25 \$600 - \$799 add \$30
 Alaska and Hawaii MUST add \$10 to 2nd Day Shipping Rate

FORM OF PAYMENT Visa MasterCard Discover American Express Check or M.O. Enclosed

Card Number _____ - _____ - _____ - _____ 3-Digit Code _____
 Authorized Signature _____ Print Name _____ Exp. ____ / ____ / ____

AUTHORIZATION

By signing, I acknowledge receipt of the Terms of Agreement and the Policies and Procedures on the reverse side of this form. I have closely read, understand and willingly agree to be bound by all of these terms and conditions. I have the right to cancel my Registered Sales Associate status at any time, regardless of reason, by submitting such cancellation notice in writing to Velocity International Marketing at the above address. Please accept my Registered Sales Associate Application in accordance with all of Velocity International Marketing's terms and conditions.

Authorized Signature _____ Date ____ / ____ / ____