Order Form & Receipt

Mail or fax this page to LiveSmart 360: 2829 Cattlemen Road, Sarasota, FL 34232 USA • Fax 941-371-9606

TYPE OF PURCHASE

Please Check the Appropriate Box	Order Date
❑ Customer Order Form & Retail Receipt ❑ Member Product Order Form & Receipt ❑ OAP Order Form	

PURCHASER INFORMATION

Last Name	First Name	Middle Initial

Shipping Address	City	State/Province	Zip/Postal Code

Email Address	❑ Member Number ❑ Customer Number ❑ New Customer

Work Telephone Number	Home Telephone Number	Mobile Telephone Number	Shipping Method for Orders ❑ Office Pickup ❑ UPS-Second Day Air ❑ UPS-Three Day ❑ UPS-Ground ❑ USPS-Priority Mail ❑ UPS-Next Day Air ❑ USPS-Parcel Post

SPONSOR INFORMATION FOR MEMBERS OR NAME OF THE SELLING MEMBER FOR A RETAIL SALE

Last Name of Sponsor	First Name	Telephone Number	Sponsor's Member Number

ORDER INFORMATION

❑ This is my first Order Assurance Program (OAP) order. Initial_____ ❑ This is a change to my previous Order Assurance Program (OAP) profile. ❑ This is a one-time single order.

ITEM NUMBER	DESCRIPTION	QUANITY	PRICE	BV	TOTAL

IBO Subtotal	
Tax_____%	
Shipping & Handling (Based on total number of packages, weight, and destination.)	
Order Total (or monthly OAP) Subtotal +Tax+Ship	

❑ Run Date: _____

❑ Ship/Bill to me ASAP

PAYMENT

Payment Options: ❑ Visa ❑ MasterCard ❑ American Express ❑ Discover ❑ ACH (Attach Voided Check) Payment will be processed as a checking account debit (U.S. checks only).

Credit Card Number	Expiration Date

Credit Card Billing Address	Billing Zip

Name on Credit Card	Card Holder Signature

PURCHASER'S SIGNATURE

Puchaser's Signature	Transaction Date

FOR OFFICE USE ONLY	REVIEWED BY	MONTH	DAY	YEAR	ENTERED ONLINE
					❑ Yes ❑ No

LiveSmart 360 • 2829 Cattlemen Road, Sarasota, FL 34232 USA • PHONE 941-371-1010 • FAX 941-371-9606 • www.LiveSmart360.com