



PRODUCTS

Price List / Order Form

Name _____ ID # _____

Company _____

Item Code	Description	Retail Price	Wholesale Price	Quantity	Total	PV	BV	Tax
1000	StemEnhance Case (6)	\$359.70	\$239.70			240	239.7	On Retail
1001	StemEnhance Single	\$59.95	\$44.95			40	39.95	On Retail
1001a*	StemEnhance Single ASP	\$49.95	\$39.95			50	39.95	On Wholesale
1200	ProRetailer Pack (10 cases)	\$3,579.00	\$2,200.00			2500	2000	On Retail
5000	Distributor Business Suite	n/a	\$129.95			0	0	No Tax
5005	StemEnhance Brochure (20)	n/a	\$5.00			0	0	On Price

Includes Free Distributor Business Suite

SubTotal

Shipping & Handling 5% of wholesale (min. US\$5.95)(AK/HI/PR US\$7.95 min)
(CANADA 8% of wholesale, US\$11.95 min)

(Min. waived for AutoShip, AutoShip shipping free with 4+ bottle order (continental US only) (AK/HI/PR/CN AutoShip \$7)

S/H Volume Discount
 \$500 - \$999 = 30% off S/H Total
 \$1000 - \$1499 = 40% off S/H Total
 \$1500 - \$1999 = 50% off S/H Total
 \$2000 + = 75% off S/H Total

S/H Volume Discount

Sales Tax

Total

Please ship 2-day service*
 Please ship overnight* **(*additional charges apply)**

Please calculate tax on retail where applicable

Sales Tax Exemptions

The following states do not charge any sales tax:

The following states to not charge any sales tax on nutritionals:

The following states do not charge any sales tax on S/H:

AK, DE, MT, NH, OR

AZ, CR, FL, LA, MD, MI, NJ, NY, OH, PA, TX, VT

AL, AZ, CA, ID, IA, KY, MA, MD, ME, NJ, OH, VT, VA, WI

Ship To: (if different than address on file)

Name

Address

Email Address

City / State / Zip

Phone Number

For Faster Service

Online Orders > www.stemtechhealth.com

Fax Orders > (541) 885-9993

Phone Orders > (541) 850-1700 (credit card only)

Mail Orders:

StemTech HealthSciences, Inc.

PO Box 489

Klamath Falls, OR 97601

I certify that I have sold or personally utilized 70% of all previously ordered products.

X

Signature

Payment Method (Please check one) :

- Check
 Money Order
 Cashier's Check
 ACH
 Credit Card on File
 Other
 Visa
 MasterCard
 AMEX
 Discover

\$ _____

Total

Credit Card Number _____

Expiration Date _____

Cardholder Name as it appears on card _____

Signature _____

Date _____

***YES, please sign me up for StemTech's AutoShip program.** I understand that StemTech will send my products once a month and apply my payment method upon shipment.

Electronic Checking Information (if using a check for AutoShip) *Attach a voided check*

Bank Name _____ Bank Address _____ Bank Phone _____

Name on Account _____ Account Number _____

I authorize StemTech HealthSciences, Inc. to debit my checking account for the amount indicated above.

X

Signature