



# PRODUCT ORDER FORM

Version 2.01 Updated 11/14/2016

Live Sales Representative: 435-580-4069

Live Chat: [www.beyoungth.com](http://www.beyoungth.com)

*Member ID#:	First Name	Last Name:	
Billing Address:	City	State:	Zip Code:
Shipping Address:	City	State:	Zip Code:
Phone #: (     )     -	Email:		

\* If you are new and would like to become a member please get with the person who introduced you to BYTH and they will assist you.

Received @ Event	SKU #	Description	QTY	Price	TOTAL

<b>Method of Payment</b>  <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	Card #	Subtotal	
	EXP Date:	*Sales Tax	
	CCV #:	‡Shipping + Handling	
	Signature X:	TOTAL	

\*Shipping is calculated based off weight and distance, and tax will be calculated based off your zip code  
 ‡Shipments will be sent by USPS Priority Mail

By signing here, I authorize Be Young Total Health (TH) to process my order, charge my credit card referenced above, and verify any items that were received at an event I have received. I understand by signing this once I leave the event if an item is missing there will be no replacement, and I am familiar with the return policies described in the Policies and Procedures found at [www.beyoungth.com](http://www.beyoungth.com).

Signature X: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_