NEWAYS, INC.150 E. 400 N. • SALEM, UT 84653
DIRECT ORDER LINE (800) 998-7232
FAX ORDER LINE (800) 799-5656

Rev. 08/10/01 Item # 0194

U.S.A. FAX/PURCHASE ORDER FORM

PURCHASED BY: ______________________

DISTRIBUTOR ID#

LAST NAME/COMPANY FIRST NAME MIDDLE

STREET CITY STATE

ZIP CODE PHONE #

SPONSOR'S NAME SPONSOR'S ID#

SHIP TO: (if different)

LAST NAME/COMPANY FIRST NAME MIDDLE

STREET CITY STATE

ZIP CODE PHONE #

ORDER DATE

VOLUME MONTH
1ST — 30TH EACH MONTH

Complete price list available by FAX-ON-DEMAND (512-404-2335) doc. #13. This form (#0560) doc. #14.

Proudly supporting the Cancer Prevention Coalition. Please Donate to this worthy cause by checking the box below.

Please check one:

❑ **THIS IS MY FIRST DIRECT SHIP (DS) ORDER–Orders are repeated automatically every month until changed**
____________________Initial
Program is NOT available in Michigan.

❑ **THIS IS A CHANGE TO MY PREVIOUS MONTH'S DS ORDER**
DS orders are processed daily between the 5th and 20th of each month. In order to ensure your DS is changed, it must reach us no later than one day before your Direct Ship date at 5:00 p.m. MST.

❑ **THIS IS A ONE-TIME SINGLE ORDER (NON-DS)**

❑ **THIS IS AN ICN ORDER****

UNITED STATES SHIPPING RATES

Under $300 whsl

Please check one:

❑ **Ground Service** $8.15 min.

Shipping is free for any order over $5,000 whsl

❑ **Second Day UPS** $14.35 min.

❑ **Next Day UPS** $20.50 min.

❑ **Saturday Next Day** $30.50 min.*

Over $300 whsl

Please check one:

❑ **Ground Service** 3% of whsl

Shipping is free for any order over $5,000 whsl

❑ **Second Day UPS** 5% of whsl

❑ **Next Day UPS** 7% of whsl

❑ **Saturday Next Day** 7% of whsl*

International Consumers Network
Shipping Rates
ICN Orders

❑ **UPS Express** $17.00
(an additional 2% is added if order is over $200.00)

***Plus an additional $10.00**
Any order over 70 lbs. requires special shipping arrangements. Contact NEWAYS Customer Service (801) 423-7260.

CODE #	DESCRIPTION	SIZE	QTY	WHSL/ RETAIL PRICE EACH		WHSL TOTAL	RETAIL TOTAL

Prices subject to change without notice. RETAIL SUBTOTAL

Payment or credit card information:
❑ Bank Draft ❑ Deduct from commission check if check is over $150 (DS Orders Only)
❑ Money Order or Cashier's Check Amount remitted $ __________
❑ VISA ❑ MC ❑ DISCOVER ❑ AMEX

CARD NUMBER EXPIRATION DATE

CARD HOLDER'S SIGNATURE

Thank You!

➤ ❑ CANCER PREVENTION COALITION Suggested Donation $1.00 or more.	
WHOLESALE SUBTOTAL	
RETAIL SALES TAX	
SHIPPING	
TOTAL AMOUNT (OR MONTHLY DS AMOUNT)	

I have used or sold 80% of my previous purchase. ________initial
****ICN orders are for Canadian distributors only.**