



E. EXCEL MEMBERSHIP ORDER

9957 South Jordan Gateway ▪ Sandy, UT 84070 ▪ Website: www.eexcel.net
Order Only: (800) 733-3744 ▪ Toll Free Fax: (800) 505-4228 ▪ Email: customerservice@eexcel.net

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APPLICANT NAME: _____
LAST FIRST MIDDLE

Choose the kit that best fits your needs. If you choose to join the COE Membership to Benefit from preferred pricing you must also complete the subscription order info on page 3.

\$200 KITS (NEW DISTRIBUTORS ONLY)

	\$200 KITS	INCLUDES THESE PRODUCTS PLUS YOUR COMPLIMENTARY DISTRIBUTOR KIT!	COE/QV
<input type="checkbox"/>	DIGESTION & OVERALL WELLNESS	Daily Nutrition Capsules (1 bottle of Morning and 1 bottle of Evening), 1 D•I®, 1 Evernew®-D, 1 Nutriall® Original, 1 Triflora Jasmine™	\$200
<input type="checkbox"/>	MUSCULOSKELETAL & NOURISHING	1 ART™, 1 G-ART™, 1 Nutrifresh® Mixed Fruit, 1 Evernew®, 1 Vegecolor®, 1 Nutriall® Original	\$200
<input type="checkbox"/>	HEALTHY WEIGHT & VITALITY	1 W•L®, 2 1-Shape™, 1 Vegaplex™	\$200
<input type="checkbox"/>	CLEANSING & CIRCULATORY	1 Phytotime™, 1 Refresh™ Herbal Tea Beverage, 1 Nutricardia®, 1 Circle™	\$200
<input type="checkbox"/>	MENTAL BALANCE & NUTRITION	1 S•T®, 1 O-Seed®, 1 Soup De EEXCEL™, 1 Concenergy®, 1 E-Memories®	\$200
<input type="checkbox"/>	IMMUNE & RESPIRATORY	1 Millennium®, 1 ACT™, 1 Noco®, 1 Gwei-Hua Balm™, 1 HandyGel®	\$200
<input type="checkbox"/>	IMMUNE & RESPIRATORY-D	1 Millennium® Red, 1 ACT™, 1 Noco®, 1 Gwei-Hua Balm™, 1 HandyGel®	\$200

\$200 Kits are subject to change without notice. Receive 200 Qualifying Volume (QV).

\$330 KITS (NEW DISTRIBUTORS ONLY)

	\$330 KITS	INCLUDES THESE PRODUCTS PLUS YOUR COMPLIMENTARY DISTRIBUTOR KIT!	COE/QV
<input type="checkbox"/>	NUTRITION BALANCE	1 Millennium®, 1 Poly5® (single bottle), Daily Nutrition Capsules (1 bottle of Morning and 1 bottle of Evening), 1 Triflora Jasmine™, 1 Nutriall® Original	\$330
<input type="checkbox"/>	LOW SUGAR NEEDS & OVERALL WELLNESS	1 Millennium® Red, Daily Nutrition Capsules (1 bottle of Morning and 1 bottle of Evening), 1 Nutrifresh®-D, 1 Eversure-D™, 1 Sure-D™	\$330
<input type="checkbox"/>	CLEANSING, CIRCULATORY & TEAS	1Phytotime, 2 Refresh™ Herbal Tea Beverage, 1 Nutricardia®, 2 Orchestra™, 1 Triflora Jasmine™	\$330

\$330 Kits are subject to change without notice. Receive 330 Qualifying Volume (QV).

\$350 KITS (NEW DISTRIBUTORS ONLY)

	\$350 KITS	INCLUDES THESE PRODUCTS PLUS YOUR COMPLIMENTARY DISTRIBUTOR KIT!	COE/QV
<input type="checkbox"/>	HEALTHY SKIN, EYES & CIRCULATORY	1 toCaress (5 pack), 1 Oxygenberry Beverage, 1 Nutricardia®, 1 Vision™, 1 E-View™	\$350
<input type="checkbox"/>	ELEMENTE OASIS PLUS	1 Oasis Cream, 1 Oasis Lotion, 1 Oasis Serum, 1 Oasis Toner, 1 Hydrating Foaming Facial Wash, 1 Facial Cleansing Liquid	\$350
<input type="checkbox"/>	ELEMENTE	1 Oxygenberry Essence Hydrating Facial Serum, 1 Essence of the Sea Facial Mask, 1 Youth Rejuvenator Facial Moisturizer, 1 Essence of the Sea Facial Lotion	\$350

\$350 Kits are subject to change without notice. Receive 350 Qualifying Volume (QV).

1K KITS (NEW DISTRIBUTORS ONLY)

	1K KITS	INCLUDES THESE PRODUCTS PLUS YOUR COMPLIMENTARY DISTRIBUTOR KIT!	COE/QV
<input type="checkbox"/>	FAMILY TOTAL HEALTH	3 Millennium®, 4 bottles of Daily Nutrition Morning and 4 bottles of Daily Nutrition Evening, 2 Nutricardia®, 2 Refresh™ Herbal Tea Beverage, 2 Nutrifresh® Strawberry, 2 Evernew®	\$1,000
<input type="checkbox"/>	FAMILY TOTAL HEALTH-D	3 Millennium® Red, 4 bottles of Daily Nutrition Morning and 4 bottles of Daily Nutrition Evening, 2 Nutriall® Original, 2 Evernew-D®, 2 Refresh™ Herbal Tea Beverage, 2 Orchestra™	\$1,000
<input type="checkbox"/>	FAMILY ELEMENTE	3 Youth Rejuvenator Facial Moisturizer, 3 Hydrating Foaming Facial Wash, 2 Oxygenberry® Essence Hydrating Facial Serum, 2 Essential Line-Defying Facial Cream, 2 Cactus Essence Hydrating Lotion	\$1,000
<input type="checkbox"/>	FAMILY ON-THE-GO	3 Orchestra™, 3 Nutrifresh®-D, 2 Millennium® Powder Beverage, 4 bottles of Morning and 4 bottles of Evening, 2 Refresh™ Herbal Tea Beverage, 2 Evernew®-D	\$1,000

\$1K Kits are subject to change without notice. Receive 1,000 Qualifying Volume (QV).

PRODUCT NAME	QUANTITY	CV	PRICE
TOTALS			

■ PAYMENT METHOD†

CHECK Check No: _____

MONEY ORDER

CREDIT CARD Visa MasterCard Discover CARDHOLDER NAME: _____

CREDIT CARD NUMBER:

EXP DATE (MM/YY):

CARDHOLDER SIGNATURE: _____ DATE: _____

■ BILLING ADDRESS (If different than mailing address)

■ SHIPPING METHOD (Shipments cannot be made to a P.O. Box)

I WILL PICK UP MY ORDER WITHIN 10 CALENDAR DAYS FROM PLACING MY ORDER.

I WOULD LIKE MY ORDER SHIPPED TO ME AT: My Shipping Address My Mailing Address

† All monetary transactions are in US Dollars. Shipping/handling fees and sales tax, where applicable, apply to all orders.