

DATE		FOR OFFICE USE ONLY			
MONTH/DAY/YEAR		SHIP DATE	CONSULTANT ID #	SPONSOR ID #	ORIGINAL RECEIVED DATE
FIRST NAME		LAST NAME		MIDDLE INITIAL	PREFERRED NAME
BILLING ADDRESS			CITY	STATE / PROVINCE	ZIP / POSTAL CODE
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING)			CITY	STATE / PROVINCE	ZIP / POSTAL CODE
CELL PHONE			HOME PHONE		BIRTHDATE / /
DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER			EMAIL	

STANDARD STARTER KIT	DELUXE STARTER KIT	PREMIUM STARTER KIT	SPECIAL STARTER KIT
<input type="checkbox"/> MY COST \$249 VALUED AT \$500 <i>Shipping</i> Corporate Pick Up \$15 UPS Ground \$30 UPS 2 Day Air \$55	<input type="checkbox"/> MY COST \$599 VALUED AT \$1,300 <i>Shipping</i> Corporate Pick Up \$15 UPS Ground \$45 UPS 2 Day Air \$80	<input type="checkbox"/> MY COST \$1,199 VALUED AT \$2,800 <i>Shipping</i> Corporate Pick Up \$15 UPS Ground \$75 UPS 2 Day Air \$120	<input type="checkbox"/> MY COST \$ _____ VALUED AT \$ _____ <i>Shipping</i> Corporate Pick Up \$15 UPS Ground \$ ____ UPS 2 Day Air \$ ____

*Shipping costs quoted are for shipments within the continental United States only.

METHOD OF PAYMENT	
Sorry, no personal checks	
CREDIT CARD # _____ CVV CODE EXPIRATION DATE _____ X _____	CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS

I verify that the applicant understands the Pure Romance, LLC career opportunities and I recommend acceptance of this applicant by the corporate office.

X _____ Sponsor ID # _____ Date _____
 Sponsor's Signature

X _____ Date _____
 Applicant's Signature

AMOUNT DUE	
Starter Kit Cost	
Technology Fee	\$ 19.00
Shipping/Handling	
Subtotal	
Sales Tax (WHERE APPLICABLE)	
TOTAL	\$ _____

This contract consists of this page and supplemental pages, if any, attached hereto. Starter kits must be paid for in advance. Starter kits are not returnable or refundable. Sales tax is based on discounted price of starter kit (your cost) where applicable.