



# ORDER FORM

3525 W. Cheyenne Ave., Suite 109  
 North Las Vegas, NV 89032  
 Phone: (702) 880-LIFE (5433)  
 Toll Free Fax: (866) 595-1664  
 email: usasupport@clubsparkle.com  
 www.clubsparkle.com



**USA**

Date: \_\_\_\_\_

Please choose one:

- Product Order       Set up Autoship Order

If Autoship order was selected, choose one:

- NEW AUTOSHIP       CHANGE AUTOSHIP

## Section A: Contact Information (Print clearly! Unclear or incomplete information will delay acceptance of this order.)

Customer's Name (First, Middle Initial, Last) or Business Name		Sparke ID #
Street Address (for receiving shipments – cannot be a PO BOX)		City State, Zip Code
Phone #	Mobile Phone #	E-Mail Address

## Section B: Order Selection

Check	Products	Qty.	VIP Member	VIP Points
<input type="checkbox"/>	Nectura		\$75.00	7,000
<input type="checkbox"/>	EverYoung		\$70.00	7,000
<input type="checkbox"/>	Ion5 (Pack of 2)		\$70.00	7,000
<input type="checkbox"/>	Shine		\$75.00	7,500
<input type="checkbox"/>	Halo		\$245.00	25,000
<input type="checkbox"/>	Angel Silk - Skin Perfector		\$50.00	4,000
<input type="checkbox"/>	Angel Silk - Finishing Glow		\$45.00	3,600
<input type="checkbox"/>	Beauty Control Brush		\$45.00	3,600
<input type="checkbox"/>				

### Instructions:

- A) Place a check mark next to your selections.
- B) Insert a quantity.
- C) Add up Subtotal, tax (for NV only), S&H

### VIP Points

Each product has a VIP Point value in which all bonuses are calculated.

### Minimum Points Order:

A minimum monthly order of **7,000 points** is required to keep your Membership active and to earn referral bonuses.

A minimum monthly order of **14,000 points** ensures maximum earning potential.

### TAX on NV residents only

Sparkle will charge sales tax on products that are taxable in my county and state, unless I provide a Resale License.

Subtotal			
Sales Tax _____ % (Nevada residents only)			
Shipping & Handling		\$12.00	
<b>Total</b>			

## Section C: Payment Method

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX	Cardholder's Name:	<table border="1"> <thead> <tr> <th>Autoship Start Date</th> <th>Autoship Billing Day</th> </tr> </thead> <tbody> <tr> <td>1st - 7th</td> <td>1st of each month</td> </tr> <tr> <td>8th - 14th</td> <td>8th of each month</td> </tr> <tr> <td>15th - 21st</td> <td>15th of each month</td> </tr> <tr> <td>22nd - 31st</td> <td>22nd of each month</td> </tr> </tbody> </table> <p>Your Autoship Billing Day (the day your credit card will be charged) will be determined by your Autoship Start Date.</p>	Autoship Start Date	Autoship Billing Day	1st - 7th	1st of each month	8th - 14th	8th of each month	15th - 21st	15th of each month	22nd - 31st	22nd of each month
Autoship Start Date	Autoship Billing Day											
1st - 7th	1st of each month											
8th - 14th	8th of each month											
15th - 21st	15th of each month											
22nd - 31st	22nd of each month											
Card Number:												
Exp Date: Month _____ / Year _____	Card ID #:											
Billing address (if different than Shipping address above):												

I hereby authorize Club Sparkle to debit my credit card above as payment for my order.

I hereby authorize Club Sparkle to debit my credit card above as payment for my order. If I selected an Autoship order, I authorize Club Sparkle to automatically debit this credit card every month as payment for my Autoship order. I understand that the Autoship Program is completely optional for my convenience and that I may change or cancel my Autoship at any time with 15 days advance written or online notice. I authorize Club Sparkle to modify my order total and/or Autoship total should it be inaccurately calculated or require modification due to real time shipping rates, or a change or discontinuation of a product. NV residents: Tax will be computed automatically and added to my charge.

## Notes

Admin use only

Sparkle ID # \_\_\_\_\_ Order # \_\_\_\_\_ Admin: \_\_\_\_\_ (For official use only)