

VOS INFORMATIONS PERSONNELLES		INFORMATION DE VOTRE PARRAIN
Name:	First name:	Your sponsor's ID number:
Adress:		Your sponsor's name:
ZIP Code:		Your sponsor's first name:
City:	Country:	Email :
Telephone (required):		Tel :
Email (required):		

DESCRIPTION	UNIT PRICE VAT	QUANTITY	ALL TAXES INCLUDED PRICE
StemEnhance Ultra	77€ // 69€*		
PlasmaFlo	77€ // 69€*		
Cyactiv	77€ // 69€*		
Wellness pack (StemEnhance Ultra, PlasmaFlo, Cyactiv)	165€*		
Shipping costs	7€*		
Total VAT Included			

* Price in autoship

AUTOSHIP:

Setup your new autoship that will be in place from the 1st of July. Your autoship gives you the possibility to receive each month your products on time and to ensure you have enough personal volume points required for your qualification in the pay plan.

I would like to setup an autoship. Date of your next autoship:
 Next autoship for / /2017

I allow Cerule to charge on my credit card saved on file the amount of my autoship every month.
 From / /2017

PAYMENT METHOD:

1st Option: By wire transfer

2nd Option: By credit Card

Card Information :

Mastercard

Visa

Cardholder name:

Card numbers:

Expiration date:

CVV:

The amount of your order will be charged once the order will be sent.

I allow Cerule to send me information by email, text messages or social media.

The boxes below are mandatory. If they aren't read and ticked your form won't be taken into account.
Terms & Conditions & Policies & Procedures are available on www.cerule.com

I allow Cerule to save my credit card information on my file for the next autoship orders.

I accept the terms and conditions of the Cerule distributor agreement.

I accept the policies & procedures from the company Cerule.

I allow Cerule to send me information by email, text messages or social media.

Date:

Signature:

Signature of your co-applicant: