

Hoju Tamogitake FAX Order

FAX: +81-569-24-3322

1. **Date** : Date _____ Month _____ Year _____

2. Desired Form of Transaction (See 2 of "Sales System")

● Choose your desired form of transaction. If you are already an "Individual Special Agent" or a "Territory Agent", please click on that box.

<input type="checkbox"/> Customer Purchasing rate 100% (No quota)	<input type="checkbox"/> Individual Special Agent Purchasing rate 80% (Quota of \$100 or more per month calculated at list price)	<input type="checkbox"/> Territory Agent Purchasing rate 60% (Quota of \$1,000 or more per month calculated at list price)
❖ (Note) People wishing to change their form of transaction, please write here:		
I wish to change from	<input type="checkbox"/> Customer <input type="checkbox"/> Individual Special Agent <input type="checkbox"/> Territory Agent	to <input type="checkbox"/> Customer <input type="checkbox"/> Individual Special Agent <input type="checkbox"/> Territory Agent
Repeat order or First order?	<input type="checkbox"/> First order	<input type="checkbox"/> Repeat order (If you have one) Customer's number: _____

3. **Order** (See 1 & 4 of "Sales System") (Note: 5% sales tax, shipping and insurance also apply)

Hoju Tamogitake (100% genuine Tamogitake mushrooms)	units
<input type="checkbox"/> 180 pills 54g Retail price \$75 X purchasing rate	units
<input type="checkbox"/> Powder 50g Retail price \$45 X purchasing rate	units
<input type="checkbox"/> Powder 20g Retail price \$20 X purchasing rate	units
<input type="checkbox"/> Powder 150g Retail price \$125 X purchasing rate	units

4. **Customer (Actual person)**

Name:	First name	Middle name	Last name	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Address :	Street		Apartment no.	
	City		State	
	Zip		Country	
Telephone:	Day	Evening	Fax	
(In order to expedite your order, your telephone number is required. Start from your area code.)				
E-mail:				

5. **Space for Messages**

If you please, let us know in detail what is your illness and your physical condition. We will make suggestions on how to take Hoju Tamogitake. Also, let us know what has happened to you since you began taking it. Feel free to write anything.

6. **Space for Introduced Persons** (Please write when you have someone to introduce you. Write in as much detail as possible.)

A. I have been introduced by the person below.

B. I want to introduce the person below.

Name:	First name	Middle name	Last name	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Address :	Street		Apartment no.	
	City		State	
	Zip		Country	
Telephone	Fax		e-mail	

7. **Payment Method**

<input type="checkbox"/> Bank Transfer Payment	<input type="checkbox"/> Credit Card: (Individual Special Agents and Territory Agents are limited to credit card payments.)
<p>■ Please pay when you order. We ship after we have received your payment. We will inform you in advance of the total on-line.</p> <p>■ Transfer fees are the responsibility of the customer.</p> <p>■ For bank transfer information, please refer to "6. Payment Method" of "Sales System".</p>	Card Number: <input type="checkbox"/> VISA <input type="checkbox"/> Master Card _____ Signature: _____ Expiration Date : Month Year