## Hoju Tamogitake FAX Order FAX: +81-569-24-3322

| 1.1   | Date : Date   | Month Year  |                                 |   |        |  |  |
|---|---|---|---------------------------------|---|--------|--|--|
| 2.  | Desired Form of<br>Transaction<br>(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. |                                 |   |        |  |  |
|   |   | □Customer   |                                 | ☐Individual Special A                                       | gent   | □Territory Agent   |  |
|   |   | Purchasing rate 100%<br>(No quota)  |                                 | Purchasing rate 80% (Que<br>or more per month calculated at |        | Purchasing rate 60% (Quota of \$1,000<br>more per month calculated at list price |  |
| ♦ (Note) People wishing to change their form of |   | of transa   | transaction, please write here: |   |        |  |  |
|   |   | I wish to change fr   | rom □Iı                         | Customer<br>ndividual Special Agent<br>Cerritory Agent      | to     | Customer<br>Individual Special Agent<br>Territory Agent                          |  |
|   | Repeat order or First order?                                | □First order  |                                 | Customer's number   |        | you have one)  |  |
| 3.0   | <b>Order</b> (See 1 & 4 of "                                | Sales System") (Note: 59  | % sales tax, s                  | shipping and insurance also                                 | apply) |  |  |
|   | Hoju Tamogitake (100% genuine Tamogitake mushrooms) units   |   |                                 |   |        |  |  |

| Hoju Tamogitake (100% genuine Tamogitake mushrooms) units |                                      |       |  |  |
|---|--------------------------------------|-------|--|--|
| 180 pills 54g   | Retail price \$75 X purchasing rate  | units |  |  |
| Powder 50g  | Retail price \$45 X purchasing rate  | units |  |  |
| Powder 20g  | Retail price \$20 X purchasing rate  | units |  |  |
| Powder 150g   | Retail price \$125 X purchasing rate | units |  |  |

## 4. Customer (Actual person)

| Name:      | First name   | Middle name | Last name     |     | Sex :<br>□Male □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.)

 $\Box$ 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 :<br>□Male □Female |  |
| Address :                                | Street Apartment no. |             |           |                        |  |
|  | City                 |             | State     |                        |  |
|  | Zip                  |             | Country   |                        |  |
| Telephone                                |                      | Fax         | e-mail    |                        |  |

## 7. Payment Method

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