

**RETAIL ORDER FORM**

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

**HERBALIFE INDEPENDENT DISTRIBUTOR**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**CUSTOMER**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

| Quantity | Description of Goods | Unit | Price |
|----------|----------------------|------|-------|
|          |                      |      |       |
|          |                      |      |       |
|          |                      |      |       |
|          |                      |      |       |
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|          |                      |      |       |
|          |                      |      |       |
|          |                      |      |       |
|          |                      |      |       |
|          |                      |      |       |

Customer Signature: \_\_\_\_\_

I understand that this order may be considered as an invitation to call upon me  
from time to time, with the understanding that I will be under no obligation to buy.

**Important Notice**

You, the buyer, may cancel this transaction at any time prior to  
midnight of the third business day after the date of this transaction.

See the Notice of Cancellation on the reverse of this form for an  
explanation of this right. After the 3-day cancellation period provided  
above, you are still protected by the HERBALIFE REFUND  
POLICY as set forth.

Distribution: **White** - For your records. **Yellow and Pink** - To customer.

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