

## FIRST ORDER AND ENROLLMENT FORM

| Referral Partne                     | <b>r</b> - You were referred by:       |  |  |
|-------------------------------------|--|--|--|
| About You:                          | Individual                             | Business   |  |
| First Name                          |  | Last Name _  |  |
| Phone Number _                      |  | Phone Type:  | Mobile Phone Home Phone  |
| Gender:                             | Female<br>Male<br>Prefer Not To Answer |  |  |
| Web Office Use                      | rname and Password                     |  |  |
| Email:                              |  |  |  |
| Preferred Passwo                    | ord:                                   |  |  |
| Your Address                        |  |  |  |
| Country:                            | Home                                   | Address:   | ZIP Code:  |
| Apartment/Suite                     | + (optional):                          | City:  | State:   |
| Your Commissi                       | ons                                    |  |  |
| account you can<br>and other option | elect to receive your con              | mmissions via pre-paid de<br>enrollment, you will receiv | count. Through your Modere My Pay<br>bit card, direct deposit, paper check,<br>e an activation email that will outline the |
| Shipping Inform                     | nation                                 |  |  |
| Where would you                     | ı like to ship your order?             | Ship To My Home  | Ship to My Business  |
| Billing / Paymeı                    | nt                                     |  |  |
| Name on Card: _                     |  | Credit   | Card Number:   |
| CVV:                                | Expiration Month:                      | Expirat  | ion Year:  |
| What is your bil                    | ling address?                          | My Home Address  | My Business Address  |
| Country:                            | Home                                   | Address:   | ZIP Code:  |
| Apartment/Suite                     | # (optional):                          | City:  | State:   |
| Dogiotor Vo \                       | Johoito Namo:                          |  |  |



#### FIRST ORDER SUGGESTIONS

Choose your first purchase.



### Liquid BioCell® Life (2ct)

2 Bottle of Liquid BioCell® = 1 Patient

\$153.98/ea | Points: 140



### **Pro Collagen XM Enrollment**

1 Bottle of each Liquid BioCell®
Order 2 bundles:
2 bottles of each = 1 Patient

\$395.99/ea | Points: 500



### Liquid BioCell® Life (12ct)

12 counts of
Liquid BioCell® Life 450mL
=
6 Patients

\$769.99/ea | Points: 660



# **CHECK MORE OPTIONS HERE**

| First Order: |  |
|--------------|--|
| Quantity:    |  |

Yes, I have read and accept the Modere <u>terms & conditions</u>, the Modere <u>policies and procedures</u>, and the Modere <u>compensation plan</u>, and I agree to abide by all terms set forth in these documents. I understand that I have the right to terminate my Modere independent business at any time, with or without reason, by sending written notice to Modere, Inc. 588 South 2000 West, Springville, UT 84663.