



X Tribe Personal Enrollment Form

<input type="checkbox"/> *Entrepreneur	<input type="checkbox"/> Customer	Information
--	-----------------------------------	--------------------

Name: _____

Billing Address: _____

Shipping Address: _____

Phone: _____ e-mail: _____

Birth date: _____ SSN, TIN or ITIN _____

Payment information: () Visa () Mastercard () Amex () Discover

Card #: _____ Exp Date: _____ CVV: _____

Name on Card: _____ Signature: _____

Sponsor (Person who invited you): _____

PRODUCT ORDER

Line	Product	PV	Retail	Qty	PV	Amount
Nutraceuticals	RGX1	12	\$25			
	ON	17	\$35			
	OFF	22	\$45			
	Veramas	27	\$55			
Weight Management	Liquid Fibra	17	\$35			
	Termo Te	22	\$45			
	Te NoCarb	22	\$55			
	Flora Liv	27	\$55			
Athletic Performance	Vitaenergia Xtra T	22	\$45			
	FLX Te	22	\$45			
	Post Sport	22	\$45			
Anti-Aging	Ganomas Cappucino	12	\$25			
	Passion	22	\$45			
	Probal	27	\$55			
	Beauty-In	30	\$60			
	25 pack of Experience the X Effect brochures		\$8			
	Blue Shaker Bottle		\$15			
	Starter Kit		\$30			
Sub Total (Before Discount)						
*Entrepreneur Discount: [60-299 PV = 25%] [300-599 PV = 27.5%] [600+ PV = 30%]				-		
Tax (Sub Total) X (Local Tax Rate)				+		
Shipping [Free Shipping for Orders over 100PV]				+		
Order Total						