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2013, 18th Edition



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1585952 MD Number

PLEASE TYPE OR PRINT LEGIBLY

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Applicant information

U.S INDEPENDENT REPRESENTATIVE APPLICATION & AGREEMENT / CUSTOMER ORDER FORM

Form for Applicant information including Social Security Number, Name, E-mail address, Contact Telephone Number, Address, City, State, and Zip Code.

Acceptance of this application will allow me(us) to sell Richway International Inc. products and sponsor other applicants in the Richway International Inc. program. I(We) certify that the above information is complete and accurate.

Sponsor Information

Important : Your Richway Business will be listed under one I.D. number only/My signature indicates that I have read, understand and accept all of the Terms and Conditions outlined on both the front and back sides of this Agreement / All of Terms and conditions are in This Agreement.

Form for Sponsor Information including Social Security Number, Name, E-mail address, and Contact Telephone Number.

I certify that I am the sponsor of the applicant(s) whose name(s) appear(s) above, and I believe said applicant can be successful as a Distributor with the Richway International, Inc. Compensation Plan.

Placement Information

Important : This section is for detail information of above Applicant's direct contact upline. Independent Representative.

Form for Placement Information including Social Security Number, Name, Number of Account, and Extension Number.

SHIPPING POLICY : *Orders cannot be shipped to a P.O. Box, *If a credit card is used, orders must be shipped to the cardholder. *Orders can be shipped only within the country corresponding to the from used.

Order Information

Any changes to the shipping address after the order has been processed will require a \$25 charge.

Table with columns: ITEM NO., DESCRIPTION, UNIT PRICE, QUANTITY, AMOUNT. Rows 1-6.

Fill following If Applicant is not Cardholder

Cardholder Billing Address:

Form for Cardholder Billing Address including City, State, and Zip Code.

Shipping Schedule: Continental U.S. King Mat: \$160, Queen Mat: \$130, Single Mat: \$100, Pro Mat: \$60, Mini Mat: \$40, Pillow, Biobelt: \$30, Rejuvena: \$30, Pure-C: \$10. International Shipping Pro Mat: \$170, Mini Mat: \$90, Pillow: \$70, Other Items: Ask main office 808 589 2800

Table for Sub-total, Sales Tax, Shipping & Handling, and Total Payment Due.

Richway International, Inc. Guarantee : *Richway International will accept packages. a.7 days after receipt returned for a full refund or exchange. b.after 8 days and up to 14 days of receipt, returned for 70% refund or exchange only. c. after 15 days, and up to 30 days or receipt, for 50% refund or exchange. d. after 31days, there is no refund or exchange.

Credit Card Payment

Life time membership and Distributor Kit \$65.00 / Shipping & Handling \$15.00 / Total : \$80.00 (Effective May 20, 2013) / Hawaii Residents with GE Tax Total : \$68.06 To purchase kit, indicate in order information section.

Form for Credit Card Payment including Credit Card Number, Expiration Date, Approval Code, Cardholder Name, and Authorized Signature.

Representative's Signature: _____ Date: / /

I hereby certify that I have read and agree to the terms and conditions of Richway's refund policy and take full responsibility for any errors in the completion of this form.