



RICHWAY SUPPLY ORDER FORM

1314 South King Street Suite 520 Honolulu HI 96814 • TEL : (808)589-2800 • FAX : (808)597-1651

NO SHIPPING CHARGE

RI# _____

You can order these supply in Richway web-site www.richwayusa.com or you can fax to 808-589-2800

DELIVERY INFORMATION

U.S. INDEPENDENT REPRESENTATIVE SUPPLY ORDER FORM

Social Security Number [][][] - [][] - [][][][]		Name (Last, First, Middle Initial or Company Name) [_____]	
E-mail address _____		Contact Telephone Number with Area Code ☎ () _____	
Address (Street Number, Name, Apt Number) _____		If a Credit card is used, order must be shipped to the card Holder	
City _____	State _____	Zip Code [][][] - [][][]	

ORDER INFORMATION

Free Delivery is domestic US only, International Shipping is \$20 per Item.
English (No Mark), Spanish (S), French (F), Germany (G), Chinese (C), Japanese (J), Korean (K), Portugies (P)

ITEM NO.	DESCRIPTION	LANGUAGE	UNIT PRICE	QUANTITY	AMOUNT
01	Biomat (Flier)		\$20 for 40		
03	Alkal-life 7000sL™ (Flier)		\$20 for 40		
05	Detoxi 300Hrs (Flier)		\$20 for 40		
07	4th Treatment (Book)		\$10 for 10		
08	4th Treatment (Cartoon Book)		\$20 for 40		
09	Biomat (Brochure)		\$20 for 20		
10	Compensation Plan-A (Brochure)		\$20 for 20		
11	Alkal-Life 7000sL™ (Brochure)		\$20 for 20		
13	Amethyst Pillow (Brochure)		\$20 for 30		
14	Biomat (Cartoon Manual)		\$20 for 20		
16	Ions & Infrared Rays (Book)		\$20 for 20		
-	Prime Magazine		\$20 for 20		
-	NEW BIOMAT DVD		\$2 EACH		

You can choose different language. Ask to Richway Office 808 589-2800 about International Shipping.
To eliminate unnecessary delays, Richway suggests the following:
Complete the form carefully, and follow all instructions. Review the form for errors before sending it to the Company

Sub-total	
Sales Tax (%)	
Total Payment Due	

CREDIT CARD PAYMENT

Credit Card Number	<input type="checkbox"/> Visa/MC <input type="checkbox"/> Amex <input type="checkbox"/> Discovery <input type="checkbox"/> Others()	Expiration Date	Approval Code
[][][] - [][][] - [][][][] - [][][]		____ / ____	_____
Cardholder Name: _____	Authorized Signature: _____		

Representative's Signature: _____

Date: ____ / ____ / ____