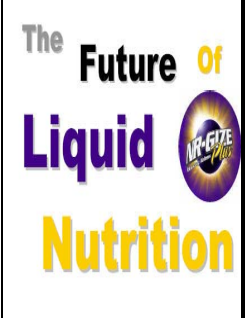


NR-GIZE^{Plus} a division of Ultimate Lifestyles, LLC **Purchase Order Form** [off. use ___]

1100 Summit Avenue, Suite 109, Plano, TX 75074 Office 866-264-3765 Fax 972-422-0887 www.nr-gizeplus.com

Please Note: All Funds must be U.S. Currency in the form of a credit or debit card, cashiers or certified check or money order.

(please print) Sponsor Name _____ Corporate ID# _____ Check one: [] New Exec. [] Existing Exec. [] New Preferred Customer [] Existing Preferred Customer Creating PC# (s) _____ OR Placing Volume on PC# (Please check one) 02 _____ 03 _____ PLACEMENT (First name/Last name) _____ PC# _____ (Please check one) Left __ Right__ Social Security # _____ - _____ - _____ <div style="text-align: right; color: red; font-weight: bold; font-size: small;">FOR NEW EXECUTIVE ONLY</div>	
--	---

Last Name: _____ **First Name:** _____ **M.I.** _____

Address: _____

City: _____ **State** _____ **Zip** _____ - _____

Business Phone: _____ - _____ - _____ **Home Phone:** _____ - _____ - _____

Fax Number: _____ - _____ - _____ **e-Mail address:** _____

ENTER PRODUCT TRANSACTION BELOW – PLEASE PRINT

Case Qty _____ Product _____ \$ Amount _____

Case Qty _____ Product _____ \$ Amount _____

Case Qty _____ Product _____ \$ Amount _____

(office use only) PRODUCT RCVD signature X _____ \$ Grand Total _____

Ship To/Special Instructions (if different than above)			
Name:	Address:		
City:	State:	Zip:	Day Phone:

METHOD OF PAYMENT INFORMATION			
Credit Card Exp. Date	/	[] Visa [] MC [] AmerEx [] Discover	Total Amt of Charge \$
Credit Card #	Signature		
(If different than above)			
Name on Card (please print)	Billing Address		
Suite or Apt #	City	State	Zip _____
Cashiers Check or Money Order # (if applicable)			

NOTE: The Sales Executive making this sale to me has informed me that the making of this, or any other purchase is not required in order that I become an Ultimate Lifestyles Sales Executive, and that no purchase or payment is a means to become an Ultimate Lifestyles Sales Executive. My signature below indicates that I have carefully read this agreement and that I willingly accept the Terms and Conditions of the Purchase Order 7 day cancellation notice.

Customer Signature (Required)	Transaction Date / /
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DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

Received Stamp	Paid Stamp	Shipped Stamp
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