

PRODUCT ORDER FORM - Please review and complete each section

Customer (e84 Challenger) Information

Name: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Acct UserName (Top 3 Choices): #1 _____
 #2 _____ #3 _____
 Password: _____

- I am a New Customer
 I am a New Member (must fill out pages 7-8, too).



Did you know you can get your monthly order free? It's easy as 1, 2, FREE! Visit evolvhealth.com or ask a Member for info.

Product Order Preferences:

1. I'm taking the e84 Challenge! Yes No, I pass on the support and other tools. I'm just ordering product today.
 2. Sign me up for AutoShip and big savings! Yes No, I decline AutoShip and agree to pay full Retail Price on my order.

Pick Your Pack (Check one, then verify options below):

BURN

Lose Weight

- ___ x Pack A
 \$74.84 / \$148 (50 PV)
Save \$73 with AutoShip!
- ___ x Pack B
 \$139.84 / \$229 (100PV)
Save \$89 with AutoShip!
- ___ x Pack C
 \$279.84 / \$398 (200PV)
+\$20 Shipping Credit!
Save \$118 with AutoShip!

FUEL

Energize

- ___ x Pack A
 \$139.84 / \$229 (100 PV)
Save \$89 with AutoShip!
- ___ x Pack B
 \$208.84 / \$310 (100PV)
+\$10 Shipping Credit!
Save \$101 with AutoShip!
- ___ x Pack C
 \$274.84 / \$390 (200PV)
+\$15 Shipping Credit
Save \$115 with AutoShip!

EDGE

Perform

- ___ x Pack A
 \$128.84 / \$213 (90 PV)
Save \$89 with AutoShip!
- ___ x Pack B
 \$259.84 / \$374 (100PV)
+\$10 Shipping Credit!
Save \$101 with AutoShip!
- ___ x Pack C
 \$329.84 / \$455 (200PV)
+\$15 Shipping Credit
Save \$125 with AutoShip!

Add products to your order:

- ___ x SHAKE (Choc) - \$37 / \$44 (25 PV)
 ___ x SHAKE (Van) - \$37 / \$44 (25 PV)
 ___ x THIN - \$67 / \$80.40 (50 PV)
 ___ x WATER - \$55 / \$65 (40 PV)
 ___ x ENERGY - \$67 / \$80.40 (50 PV)
 ___ x ULTIMATE - \$67e/ \$80.40 (50 PV)
 ___ x GEL TUBES - \$55 / \$65 (40 PV)
 ___ x GEL SAMPLES - \$55 / \$65 (40 PV)
 ___ x LIMITLESS™ - \$67 / \$80.40 (50 PV)
 ___ x EXERCISIZ™ - \$30 (20 PV)

* The lower prices shown above are wholesale rates based on a customer signing up for AutoShip (AS).

Full cPRIME catalogue at www.evolvhealth.com/cprime

I am eligible for wholesale rates on cPRIME: Yes, I am taking the Challenge and/or chose AutoShip! No, I am placing a retail order.
Please fill out the order blanks below with the Series Name, Color, Size (if ordering Burn Series), and Price of the Bands you want.



cPRIME Prices:

Band shown at left is a NEO,
 Charcoal/Violet, Black Buckle

SERIES NAME	Wholesale / Retail
NEO	\$70 / \$100 ea
BURN	\$38.50 / \$55
LADIES' NEO	\$70 / \$100
BURN Signature	\$49 / \$70
NEO Signature	\$80.50 / \$115

cPRIME Order:

<input checked="" type="checkbox"/> SERIES NAME	COLOR	SIZE	PRICE	QTY
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____

Payment Information:

Check one: MasterCard Visa Am Ex
 Card No. _____ Exp. Date (MM/YYYY) ____ / ____ CCV# _____
 Name on Card _____ Signature _____ Date _____

Order SubTotal *: _____

By signing above, I authorize EvolvHealth to charge my credit card for all payments indicated on this Order Form, including any applicable Shipping, Handling, and Taxes. I further understand that ordering on AutoShip entitles me to the lower, wholesale prices shown, and that I must pay the higher retail price if not ordering on AutoShip. I know that I may cancel my AutoShip at any time by calling Member Services at 888-280-9555 or emailing info@evolvhealth.com.

* Shipping, Handling & Tax NOT included in Pack and Kit Prices.



Get Paid to
Take the Challenge
& **Pass It On!**



MARKETING KITS to launch your business!



Choose the Kit below that fits your ideal commitment and financial goals.



Starter Kit

1x Starter Kit

Price: **\$39.95**
You save: **\$0.00**
Volume: **0 PV**



Pro Kit

1x Starter Kit
1x Evolv Exersciz
3x Evolv Limitless
1x MindSet84
1x Evolv Thin
1x Evolv Shake/Choc
2x Evolv Shake/Van
1x Evolv Ultimate
1x Replicated Website

Price: **\$499.95**
You save: **\$424.75**
Volume: **315 PV**



Elite Kit

2x Evolv Gel
1x Starter Kit
1x Evolv Energy
3x Evolv Exersciz
3x Evolv Limitless
3x MindSet84
1x Evolv Thin
3x Evolv Shake/Choc
3x Evolv Shake/Van
1x Evolv Ultimate
1x Evolv Ultimate Minis
3x Replicated Website

Price: **\$899.95**
You save: **\$618.25**
Volume: **570 PV**



Elite Kit

Limitless Only

1x Starter Kit
3x Evolv Exersciz
15x Evolv Limitless
3x MindSet84
3x Replicated Website

Price: **\$1095**
You save: **\$650**
Volume: **750 PV**



Independent Distributor Application and Agreement

EvolvHealth, LLC
Galleria Tower 2, 23rd Floor, 13455 Noel Road, Dallas, Texas 75240
Phone: (888) 280-9555 -- Fax: (888) 717-7075
Internet: <http://www.EvolvHealth.com>

TO COMPLETE YOUR APPLICATION, YOU MUST SUBMIT A COMPLETED IRS FORM W-9 TO EVOLVHEALTH:
To download a W-9 Form go to <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

Applicant Information

Name: _____ Co-Applicant Name: _____
 Email Address: _____ Co-Applicant Email: _____
 Telephone: _____ Cellular: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 SSN # _____ - _____ - _____ Federal ID # _____ Date of Birth (mm/dd/yyyy) _____ / _____ / _____
 Choose Your User Name, used to create your Personal Web Address: <http://YourUserName.myevolv.com>). Submit three choices:
 (#1) _____ (#2) _____ (#3) _____ Password: _____

Sponsor Information

Name: _____ I.D. No: _____
 Email Address: _____ Telephone: _____

Assumed Names, Corporations, LLCs, Partnerships, or Trusts: If your business will be owned by a corporation, limited liability company, partnership or trust, or will be operated under an assumed name (e.g., XYZ Enterprises), you must complete a Business Entity Application and submit it with this Application and Agreement.

Starter Kit

Each applicant must purchase an EvolvHealth Starter Kit (optional in North Dakota). The kit contains necessary tools and documents to help you get your EvolvHealth business launched.

Premier eCenter

I would like to take advantage of the ten day free trial and access the many tools the Premier eCenter has to offer, including online training, my Genealogy Visualizer, and Evolv graphics for only \$19.95 per month.

Note: Your Premier eCenter 10 day free trial begins immediately following your initial enrollment order and continues until 11:59pm on the 10th calendar day. If you would like to cancel your free trial or do not wish to subscribe to the Premier eCenter, please call Evolv Member Services at (888) 280-9555. In order to avoid charges to your credit card, you must call Evolv Member Services prior to 11:59 pm on the 10th calendar day following your enrollment. See the eCenter for full details.

* Shipping, Handling & Tax NOT included

** See Auto Ship terms and conditions in your back office. Auto ship can be cancelled any time up to 2 days prior to auto ship date.

Payment Information (Participation in the Automatic Annual Renewal Program requires payment by credit card)

MasterCard Visa Am Ex Card No. _____ Exp. Date (MM/YYYY) _____ / _____ CCV# _____
 Name on Card _____ Authorized Signature _____ Date _____

- By signing above, I authorize EvolvHealth to charge my credit card for all orders and payments indicated on this Application and Agreement.
- Billing address for credit card must match the applicant's address listed above.
- You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction (five days for Alaska residents). See the reverse side of this form for an explanation of this right.
- I have carefully read the Terms and Conditions on the back of this Application and Agreement, the EvolvHealth Policies and Procedures, and the EvolvHealth Marketing and Compensation Plan, and agree to abide by all terms set forth in these documents. I understand that I have the right to terminate my EvolvHealth independent business at any time, with or without reason, by sending written notice to the Company at the above-listed address.

 Applicant's Signature Date Co-Applicant's Signature Date

By signing above, I certify that the Social Security Number or Federal Tax ID Number entered above is my correct taxpayer identification number. I further certify that I have not been an EvolvHealth Distributor, or a partner, shareholder, or principal of any entity having an EvolvHealth business within the past six months. I understand that any intentional misrepresentation of any information I provide on this Independent Distributor Application and Agreement may result in action by EvolvHealth, up to and including termination of this Agreement. Mail the completed signed original Application and Agreement to: EvolvHealth, Distributor Application Dept., Galleria Tower 2, 23rd Floor, 13455 Noel Road, Dallas, Texas 75240 or Fax to (888) 717-7075. If Application is faxed, you must fax both the front and back of the Application. Please allow 24 hours for your faxed enrollment to be processed.