

**STARTER PACKAGE**

Product Description	PV	Member Price/ Unit (BND)	Retail Price (BND)	Quantity Order	SILVER (200PV)	GOLD (1000PV)	PLATINUM (2500PV)	Total (BND)
Clenz-Tox (CT601M)	62							
GC Tea (GC 201)	70	50	60					
Nano Centa Yogurt (NC 101)	110							
Nano Men 18 Catuaba Sachet (NM 301)	55							
Nano Skinzs (NZ 401)	113							
Nano Skinzs Foundation (NF401)-Snow White (001)	25							
Nano Skinzs Foundation (NF401)-Cinderella (002)	25							
Nano Skinzs Foundation (NF401)-Rapunzel (003)	25							
Nutrimax Shake (NX701)	68							
My Amour For Men (PF 501)-CK (MYCK001)	25							
My Amour For Men (PF 501)-DH (MYDH001)	25							
My Amour For Men (PF 501)-HM (MYHM001)	25							
My Amour For Men (PF 501)-PR (MYPR001)	25							
My Amour For Women (PF 501)-BB (MYBB001)	25							
My Amour For Women (PF 501)-CH (MYCH001)	25							
My Amour For Women (PF 501)-LC (MYLC001)	25							
My Amour For Women (PF 501)-ZR (MYZR001)	25							
Delivery Charges								
<b>Grand Total</b>								

<p><b>Delivery Type :</b>                  Self Collect <input type="checkbox"/>      Delivery <input type="checkbox"/>                  (For delivery please fill in all the information in delivery details box)</p> <p><b>ALGHANI ENTERPRISE</b>  <b>ACCOUNT BANK:</b>                  For make order :  <a href="mailto:bruneimyorder@rashwealthgroup.com">bruneimyorder@rashwealthgroup.com</a></p>	<p><b>Delivery Details :</b>                  Name : _____                  Hp : _____                  Address : _____                    Postcode : _____      City : _____                  State : _____      Country : _____</p>
<p><b>Mode of Payment :</b>                  Bank Transfer <input type="checkbox"/>    Online <input type="checkbox"/>    Cash <input type="checkbox"/>    Cash Deposit <input type="checkbox"/>    Credit Card <input type="checkbox"/>                  Ewallet <input type="checkbox"/>  <b>Amount :</b> BND _____  <b>Date :</b> _____  <b>Time :</b> _____</p>	<p>Please verify all the information above by sign at distributor signature.</p> <p>Distributor signature _____      Date _____</p> <p>Order By: <input type="text"/>      Member ID: <input type="text"/></p>

**Office Use Only**

<p><b>Product Price :</b></p>	<p><b>Paid Status :</b></p>	<p><b>Sales Dept Signature:</b>                  _____    <b>Received Date :</b>                  _____</p>
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