



Bonvera
1815 E. Central Ave.
Wichita, KS 67214
Tel: (316) 616-0465

Independent Associate Product Order

Independent Associate				Shipping Information			
Associate ID Number				Name (First, Middle, Last)			
Associate Name (First, Middle, Last)				Street Address			
Street Address				Street Address			
City		State	Zip Code	City		State	Zip Code
Phone		Email Address		Home Phone		Cell Phone	

Sponsor	
Sponsor Name	Sponsor ID Number

Products <i>(Please Print Clearly)</i>				
Item Number	Product Description	Quantity	Amount	Total

For Phone Orders: (316) 616-0465
For Fax Orders: (316) 260-2274

Method of Payment	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
<input type="checkbox"/> American Express <input type="checkbox"/> Personal Check [‡]	
<small>[‡]Please make Checks payable to: Bonvera. Check must clear before product will be shipped.</small>	
Card Number	Exp. Date
Name on Card	Security Code
Signature of Card Holder	

FOR OFFICE USE ONLY: Received _____	
Check No. _____	Shipped via _____
Shipped _____	Filled by _____

Sales Tax Computation	
Please calculate Sales Tax based on the applicable state and local rates for the purchaser's address.	
Subtotal	
Shipping & Handling*	
Sales Tax [†]	
Total	

*Shipping and Handling	
Rates: \$0 to \$49.99 = \$	
\$ 50 to \$99.99 = \$	
\$100 to \$199.99 = \$	
\$200 to \$299.99 = \$	
\$300 to \$399.99 = \$	
\$400 to \$499.99 = \$	

70% Rule	
In order to qualify for commissions and overrides, the Associate must certify that he/she has sold to retail customers or consumed at least 70% of all products previously purchased.	
X _____	_____
Associate Signature	Date

(2) copies of this completed form shall be made:

(1) for Home Office

(1) for Associate

09/01/16