ENIVA®

ENIVA EAMP CUSTOMER ORDER FORM

Customer ID: _____

Member Name:_____

Address:_____ State_____ Zip Code_____

Payment Method: ___ Visa ___ AMEX ___Discover ___MC

_ _ _ _-_ _ _ _-_ _ _ _-_ _ _ _ CVS _ _ _ _

Email Address:_____ Phone:_____

Signature:_____

Name on Credit Card:_____

EAMP Product Matrix

	Product Codes (Circle One)		
Packet Type	**New Prospect**	**Reactivation**	**Product Description**
	EAMPN	EAMPR	
Full Custom Packet	EAMPRN	EAMPRR	ResVante Fully Custom Packet
Partial Custom Packet	EAMPN-2	EAMPR-2	Vibe Fruit Sensation Partially Custom Packet
Non Custom Packet	EAMPN-3	EAMPR-3	Vibe Fruit Sensation Non Custom Packet

Please record the product code by carefully chosing one option from the above EAMP Product Matrix.
Only one item code per order form please

Send To:

Name	**Address**: Street, House #/Apt #, City, State, Zip Code	**Phone #**	**Product Code**