

# ORDER FORM

Application Date: \_\_\_\_\_ **New Account No.**

First name \_\_\_\_\_

Surname \_\_\_\_\_ D.O.B \_\_\_\_\_

Delivery Address \_\_\_\_\_  
\_\_\_\_\_ PC \_\_\_\_\_

Phone (home) \_\_\_\_\_ (with area code) Mobile \_\_\_\_\_

Email address \_\_\_\_\_

Who Referred you? \_\_\_\_\_

Password for account \_\_\_\_\_ (6-8 letters/digits)

Security Q (mothers maiden name) \_\_\_\_\_

**Application Pack Required (tick)** The products are shipped direct to your door

- OsoLean Pack \$250.00** contains:- 2 x OsoLean, 2 x Glycoslim Meal Replacements  
Choose – tick one     **Vanilla**     **Chocolate**
- OsoLean Essentials \$240.00** contains:- 2 x OsoLean, 1 x Ambrotose AO, 1 x GI Pro
- Basic Health Solutions Pack \$275.00** Talk to your consultant if you're interested in this pack
- Business Start-up Pack \$1375.00** (product value \$1800.00)

Credit card details: (please circle)                      Visa                      MasterCard

Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Expiry Date: \_\_\_\_ / \_\_\_\_

Name on the card \_\_\_\_\_

Authorisation Signature \_\_\_\_\_ (Note: All fields must be completed)

**Gold Plan Monthly Automatic Order:**

\*Your Consultant will be in touch to arrange your support program & ongoing monthly product order. It will be tailored to best suit your needs. If you require any other information please email:

[info@healthfromnature.com.au](mailto:info@healthfromnature.com.au)

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**GET PAID TO LOSE FAT or GAIN HEALTH.....** By joining the \*Rewards Program  
\*The Rewards Program is where you receive a rebate of \$150.00 per month when you refer a minimum of 6 people who start on the OsoLean™ Plan or Health Solutions Pack plus a monthly Gold Plan Automatic Order. You can refer as many people as you wish.

Name	Phone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please print out and return this Order Form for processing to the person who referred you to the site or FAX to: (07) 54931310