

Instructions for Completing the Customer Order Form Independent Representative Product Order Form

Please note the following:

- Orders cannot be shipped to APO/FPO/PO Box addresses.
- All credit card orders will be shipped to the credit card holder.
- Orders can be shipped only within the country corresponding to the form used.

Calculate the amount by multiplying the unit price and quantity in each row.

RICHWAY FUJI BIO
1314 South King Street, Suite 520, Honolulu, HI 96814 USA - TEL: (808) 589-0800 - TOLL-FREE: (855) 338-6410 - FAX: (808) 597-1651

PLEASE TYPE OR PRINT LEGIBLY

Customer Information ☐ CUSTOMER ORDER FORM ☐ New Customer ☐ Existing Customer

Richway ID (Complete if Existing Customer) **RI**

Name (Last) (First) (Middle Initial)

E-mail address ☐ Check this box/sign up for Richway's free e-mail newsletter!
Be the first to hear about exclusive offers, deals, new products/services, and more!

Address (Street Number, Name, Apt Number)

City State Tel

*By entering your e-mail address, you will receive tracking information for your order.

Sponsor Information

Richway ID

Name (personal/business) (Last) (First) (Middle Initial)

E-mail address

Contact Telephone Number with Area Code

*Orders cannot be shipped to APO/FPO/PO Box addresses. *A credit card is used; orders must be shipped to the cardholder. *Any changes to the shipping address after the order has been processed will incur a \$25 charge. Additional charges may apply dependent upon the type of change requested.

Placement Information

Richway ID

Name (Last) (First) (Middle Initial)

Number of Account

Extension Number (This is the number connected to upline's Business Center)

☐ Left ☐ Right

Each \$500 value Richway Product will be one Business Center.

Order Information

ITEM NO.	DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Complete if billing address is different from shipping address

Cardholder Billing Address:

City State

Subtotal

Sales Tax (%)

Shipping & Handling

Total Payment Due

Credit Card Payment

Credit Card Number ☐ Visa/MC ☐ Amex ☐ Discover ☐ Other ()

Expiration Date Approval Code

Cardholder Name: Authorized Signature:

Customer's Signature: Date: / /

I hereby certify that I have read and agree to the terms and conditions of Richway's refund policy and take full responsibility for any errors in the completion of this form.

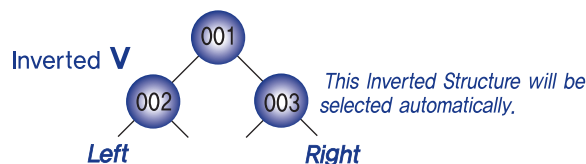
© 11/2020 Richway & Fuji Bio Inc. Routing: White-Corporate Office Yellow-Sponsor Pink-Applicant
If the application is written on a copy of this form, complete the application before reproducing three (3) copies and sign the respective copies. After signing each copy, indication of Corporate Office, Sponsor or Applicant copy should be marked on the top right of each copy and sent to each marked destination.

Write the shipping address in which you would like the order to be shipped (no AFO/FPO/PO Box addresses).

Sponsor's name (personal or business), Richway ID number under which your earned Business Centers are to be placed.

Fill in the Independent Sales Associate's Richway ID number under which your earned Business Centers are to be placed.

Fill in the specific amount of Business Centers earned.



Fill in the specific Business Center Number under which your earned Business Centers are to be placed. Then mark left or right for the leg under which you wish these Business Centers are to be placed.

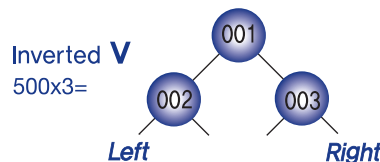
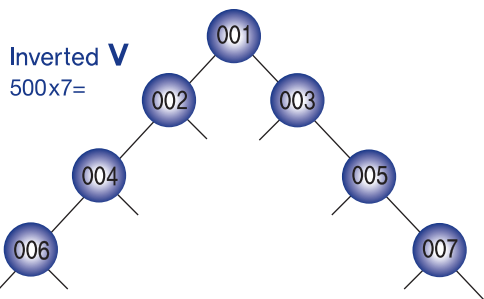
Calculate the product subtotal.

Calculate the sales tax by multiplying the subtotal by the correct sales tax percentage (if applicable).

Calculate the total payment due by adding the sales tax and the shipping and handling fees.

Complete if the billing address is different from the shipping address.

Check to ensure that the form has been completed correctly. Sign and date the Customer Order Form once completed.



Remember to sign and date the Richway Customer Order Form once completed.

In case you are unavailable, write or stamp the name and daytime phone number of the upline Independent Sales Associate you would like us to contact in case we have any questions about your order.



Simple and Easy Internet Orders

www.richwayandfujibio.com / www.richwaybackoffice.com



RICHWAY



Paylution for Direct Deposit
and International Banking

FUJI BIO

MD Number

1314 South King Street, Suite 520, Honolulu, HI 96814 USA · TEL: (808) 589-2800 · TOLL-FREE: (855) 338-6410 · FAX: (808) 597-1651

PLEASE TYPE OR PRINT LEGIBLY

Customer Information

↓ CUSTOMER ORDER FORM

☐ New Customer
check

☐ Existing Customer
check

RI

Richway ID (Complete if Existing Customer)

E-mail address

Name (Last) (First) (Middle Initial)

☐ Check this box, Sign up for Richway's free e-mail newsletter!
Be the first to hear about exclusive offers, deals, new products/services, and more!

Address (Street Number, Name, Apt Number)

City

State

□ □ □ □ □ □

Tel



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*By entering your e-mail address, you will receive tracking information for your order

Sponsor Information

Richway ID

E-mail address

Name (personal/business) (Last) (First) (Middle Initial)

Contact Telephone Number with Area Code



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*Orders cannot be shipped to APO/FPO/PO Box addresses *If a credit card is used, orders must be shipped to the cardholder *Any changes to the shipping address after the order has been processed will incur a \$25 charge. Additional charges may apply dependent upon the type of change requested.

↓ **IMPORTANT:** ① Existing Customer orders submitted without placement will be automatically placed in the Customers/Enrollee's best place.
② New Customer orders submitted without placement will be automatically placed in the Sponsor/Enroller's best place.
③ Multiple orders submitted at the same time without placement will be processed in sequential order.

Placement Information

Richway ID

Number of Account

① □ □ □ Each \$500 value Richway Product will be one Business Center.

Name (Last) (First) (Middle Initial)

Extension Number (This is the number connected to upline's Business Center)

② □ □ □

③ Left ☐ check

Right ☐ check

Order Information

ITEM NO.	DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
①				
②				
③				
④				
⑤				
⑥				

Complete if billing address is different from shipping address

Cardholder Billing Address:

City

State

□ □ □ □ □ □ - □ □ □ □ □ □

Subtotal

Sales Tax (%)

Shipping & Handling
(Delivery within 14 days)

Total Payment Due

Richway & Fuji Bio Inc. Guarantee: Richway & Fuji Bio Inc. will accept packages: a. 7 days from initial date of receipt for 100% refund b. 8-14 days from initial date of receipt for 70% refund c. 15-30 days from initial date of receipt for 50% refund d. 31 days or more, there is no refund. All refunds are less shipping and handling fees. Customers are responsible for return shipping charges.

Credit Card Payment

Credit Card Number ↓ ☐ Visa/MC ☐ Amex ☐ Discover ☐ Other ()

Expiration Date

Approval Code

□ □ □ □ □ □ - □ □ □ □ □ □ - □ □ □ □ □ □

/ /

Cardholder Name: Authorized Signature:

Customer's Signature: Date: / /

I hereby certify that I have read and agree to the terms and conditions of Richway's refund policy and take full responsibility for any errors in the completion of this form.

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Routing: White-Corporate Office

/

Yellow-Sponsor

/

Pink-Applicant

If the application is written on a copy of this form, complete the application before reproducing three (3) copies and sign the respective copies. After signing each copy, indication of Corporate Office, Sponsor or Applicant copy should be marked on the top right of each copy and sent to each marked destination.

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