

PLATINUM IBO SALES AIDS ORDER FORM



5700 Democracy Dr.
Plano, Texas 75024

FAX: 469-229-4588

DATE _____

IBO NUMBER _____

NAME _____ PHONE # _____

ADDRESS _____ EMAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

SALES AIDS ORDER FORM EFFECTIVE JUNE 28, 2010

IBO BUSINESS KIT

ITEM#	DESCRIPTION (PER PACK)	UNIT	PRICE	QTY.	TOTAL
2165	IBO Business Kit <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal1		\$19.95	\$	
2166	IBO Business Kit <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal5		\$75.00	\$	
Brochures:					
2161	ID SecureNet Plus Brochures	25	\$6.00		\$
2162	ID SecureNet Plus Brochures	1000	\$150.00		\$
2163	Platinum Plus Brochures	25	\$9.00		\$
2164	Platinum Plus Brochures	1000	\$260.00		\$
2100	AmeriPlan® Dental Plus (\$14.95) <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal	25	\$6.00		\$
2101	AmeriPlan® Dental Plus (\$14.95) <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal	1000	\$150.00		\$
2123	AmeriPlan Total Health (\$39.95) <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal	25	\$6.00		\$
2124	AmeriPlan Total Health (\$39.95) <input type="checkbox"/> Red <input type="checkbox"/> Lime <input type="checkbox"/> Teal	1000	\$150.00		\$
2007	Opportunity Brochure "Delivering on the Promise" (Recruiting)	25	\$6.00		\$
2115	Group Non-Insurance Medical & Dental Programs Brochure	10	\$6.00		\$
2119	AmeriPlan® -US- Diabetic Brochure	25	\$6.00		\$
2120	QualSight LASIK Program Brochure	25	\$6.00		\$
Applications & Agreements:					
2010	IBO Benefits Agreement	10	\$5.00		\$
2018	Employer Acceptance Letter	10	\$5.00		\$
2017	Current Member Upgrade to New IBO Benefits Agreement	10	\$5.00		\$
2019	Employer Group Sign Up Form - Company Pay List Bill	25	\$6.00		\$
2155	IBO Policy & Procedures Manual	1	\$12.00		\$
Training & Information:					
2001	AmeriPlanner	1	\$30.00		\$
2002	2010 AmeriPlanner Update Package	1	\$8.00		\$
Miscellaneous:					
2020	Provider Referral Card	10	\$5.00		\$
2026	AmeriPlan® Banner (vinyl 3'x6')	1	\$99.00		\$
2034	Sales Aids Order Form	1	NC		
2148	Child Identification Kit	1	\$5.00		\$
APFLEX IBO SALES AIDS ORDER FORM					
2154	Freedom Pass Brochures	25	\$9.00		\$
2156	Freedom Pass Brochures	1000	\$260.00		\$
2159	APFlex sign-up worksheet (NEW ITEM)	10	NC		
2160	APFlex IBO Policy & Procedures Manual	1	\$12.00		\$

I WANT TO PAY FOR MY SUPPLIES BY:

Check Visa MasterCard Discover American Express

Credit Card Acct.# _____

Expiration Date: ____/____/____

X _____
Signature for purchasing Sales Aids by credit card or by check. If the amount is not enough to cover the total cost, or if my check is returned, I authorize AmeriPlan® to charge the difference to my IBO account.

SALES AIDS ARE NON-COMMISSIONABLE

SUBTOTAL..... \$ _____

SALES TAX..... X = \$ _____
SALES TAX RATE TAXABLE AMOUNT

SHIPPING/HANDLING: Use 10% of the sub-total as an **estimated** shipping fee. You will be charged the actual amount that the package delivery company charges.

\$ _____
\$5.00 MIN. SHIPPING CHARGE

Please allow 14 days for delivery.

TOTAL DUE AMERIPLAN®..... \$ _____