



WHOLESALE ORDER FORM

RIN _____

Order Date _____

SKU #	Item/Price	Retail Price	Volume Tiers	Quantity	Wholesale Price/Pack	Extended	Points/CV%
302S	Rescue Moisturizing Cream 30 ml/1 oz.	\$39.95	6-pack		\$216	\$	2/20
			12-pack		\$384	\$	3/15
			24-pack		\$672	\$	4/10
301S	Healing Pain Rub 60 ml/2 oz.	\$49.95	6-pack		\$270	\$	2/20
			12-pack		\$480	\$	3/15
			24-pack		\$840	\$	4/10
201N	25 mg Capsules 30 count	\$49.95	6-pack		\$270	\$	2/20
			12-pack		\$480	\$	3/15
			24-pack		\$840	\$	4/10
106T	250 mg Tincture with dropper	\$29.95	6-pack		\$162	\$	2/20
			12-pack		\$288	\$	3/15
			24-pack		\$504	\$	4/10
107T	500 mg Tincture with dropper	\$39.95	6-pack		\$216	\$	2/20
			12-pack		\$384	\$	3/15
			24-pack		\$672	\$	4/10
108T	1000 mg Tincture with dropper	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
101T	Sleep Support Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
105T	Energy Boost Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
102T	Weight Loss Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
104T	Anti-Stress Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
103T	Pain Relief Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack		\$1008	\$	4/10
4355	OXZGEN 11 Piece Sample Kit	\$569.45	N/A		\$399	\$	4/10

MONEY ORDER, CERTIFIED CHECK, CASHIER'S CHECK OR DAILY DIMES CARD ONLY

I am paying with money order, certified check or cashier's check.
 Make payable to 5LINX & mail to: 5LINX, 1 Clinton Ave South Suite 800, Rochester, NY 14604

-OR-

I authorize 5LINX/Daily Dimes to deduct payment from my available account balance in my Daily Dimes Prepaid MasterCard account provided below.*

Subtotal \$ _____
Sales Tax* \$ _____
Shipping FREE
Total \$ _____

Sales tax rate* _____ %

*Go to avalara.com and select "sales tax" under the Resources menu, then enter your address to determine your tax rate.

My Daily Dimes Card* # _____

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Ship to: Address _____ Apartment/Suite # _____

City _____ State _____ ZIP Code _____

Signature _____ Date _____

COMPLETED SAMPLE FORM

Enter Referring 5LINX Representative ID



WHOLESALE ORDER FORM

RIN **L200000**

Order Date _____

SKU #	Item/Price	Retail Price	Volume Tiers	Quantity	Wholesale Price/Pack	Extended	Points/CV%
302S	Rescue Moisturizing Cream 30 ml/1 oz.	\$39.95	6-pack	1	\$216	\$216	2/20
			12-pack		\$384	\$	3/15
			24-pack		\$672	\$	4/10
106T	250 mg Tincture with dropper	\$29.95	6-pack		\$162	\$	2/20
			12-pack	1	\$288	\$288	3/15
			24-pack		\$504	\$	4/10
103T	Pain Relief Nutrition Spray 30 ml	\$59.95	6-pack		\$324	\$	2/20
			12-pack		\$576	\$	3/15
			24-pack	1	\$1008	\$1008	4/10

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My Daily Dimes Card* # _____ 5555 5555 5555 5555 _____

Subtotal	\$1512
Sales Tax*	\$120.96
Shipping	FREE
Total	\$1632.96

Sales tax rate* **8** %

*Go to avalara.com and select "sales tax" under the Resources menu, then enter your address to determine your tax rate.

Sales tax amount may be omitted if a valid resale certificate is submitted with order.

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Ship to: Address 1 Clinton Ave S. **Cannot be a P.O. Box** Apartment/Suite # 800 Tax based on ship to address

City Rochester State NY ZIP Code 14604

Signature To be signed by individual paying for order Date _____

Wholesale Program Details

OXZGEN wholesale ordering is available to 5LINX PDN Plus subscribers **ONLY**. All wholesale orders paid by money order, certified check, or cashier's check must be mailed to the address listed above with a copy of the completed order form (page 1 only) and valid resale certificate. Orders not submitted with a valid resale certificate will be charged sales tax based on the ship to address provided on the completed order form.

Daily Dimes MasterCard Payments

If paying with a Daily Dimes MasterCard, you may mail your completed form OR scan and email the form to orders@oxzgen.com. Include a copy of your valid resale certificate if applicable.