

INDEPENDENT REP ORDER FORM

Make check payable to: Divnick International Inc. • **Mail to:** 321 Alexandersville Road, Miamisburg OH 45342
Telephone: 1-937-384-0003 (Eastern) • **FAX:** 1-801-820-3150 • **Email:** stevedivnick@spiralwishingwells.com

PLEASE PRINT: **Date** _____

Your Name: _____

Company Name (if applicable) _____

Street Address _____

City, State, Zip Code _____

Best Phone Number _____ **Fax Number** _____

Email address _____

Referred by _____

Please enter different sizes on separate lines.

Quantity	Size, Specify (2', 3', or 7')	Rep Cost (white funnels unless specified below)	Total Cost
			\$
			\$
			\$
	Vortex Toys	\$11 each	\$

Specify special color(s), if any: (+\$100 each for 2' and 3', +\$200 for 7') _____

_____ = \$ _____

Shipping = \$ _____

Please inquire for a shipping quote

Ohio Sales Tax (If you are an Ohio resident, please inquire about this line)..... = \$ _____

Total Cost and payment amount = \$ _____

Payment Method and Terms _____

Cashier's Checks and Wire Transfers ship immediately. Other forms of payment will await bank clearance. Credit cards cannot be used for Rep Orders. If you want to use a bank wire, please let us know and we will send you the details.

My signature below acknowledges that I have read and understand the Independent Rep Program. I understand that I work for myself. I do not work for Divnick International, Inc. I know that it is my responsibility to sell the Wells that I purchase with this order and in the future. During the course of business, I promise to abide by all local and state laws, not to exaggerate or misrepresent the income potential of the Wells, and to conduct myself in a professional manner.

Print Name _____ **Date** _____

Signature _____