

SHIP TO Attn: _____ BILL TO: Attn: _____
 Bus.Name: _____ Bus. Name: _____
 Address: _____ Address: _____
 City _____ State _____ Zip _____ Country: _____ City _____ State _____ Zip _____
 Date/ Purchase Order #: _____ PHONE: () _____ FAX #: () _____ EMAIL: _____ Alt. Phone#: () _____

INNER LIGHT RAINBOW® WALLET-CARDS: ORIGINAL SERIES	Abbrev'd Name	QUANTITY PER ITEM (State Doz. or Ea.)
SET of all Orig.Cards Subjects (w/o Span Hand or Ft.)	SET: 14 ORIG.	
ASTROLOGY Insight Gde -ALL 12 SIGNS	#1 ASTROL.-12	
CHAKRA Rainbow Ctrs.- Our Body-Mind Connection	#2 CHAKRA	
COLOR THERAPY Card	#3 COLR THRPY	
CRYSTALS, GEMS & Healing Stones- #1	#4 CRYSTALS #1	
CRYSTALS, GEMS & Healing Stones- #2	#5 CRYSTALS #2	
Crystals- PRECIOUS GEMSTONES &	#6 PREC.GEMS 3	
FENG SHUI for Prosperity, Love, Success	#7 FENG SHUI	
FOOT Reflexology Card - Rainbow-Coded	#8 FEET	
HAND Reflexology Card - Rainbow-Coded	#9 HANDS	
HEALTH & Well-Being Affirmations	#10 HEALTH	
IRIDOLOGY (Eye Reflexology) (Rainbow-Coded)	#11 IRIDOLOGY	
LOVE & Satisfying Relationships Affirmations	#12 LOVE	
SPIRITUAL GROWTH Affirmations Cd.	#13 SPIR.GRWTH	
WEALTH / Prosperity Affirms.	#14 WEALTH	
Reflexologia de PIES - Arco Iris Codificada	#15 SPAN. FOOT	
Reflexologia de MANO - Arco Iris Codificada	#16 SPAN. HAND	

INNER LIGHT RAINBOW® SERIES: CHARTS	Abbrev'd Name	QUANTITY PER ITEM (State Doz. or Ea.)
SET of all 8 Charts (without Spanish Foot or Hand Charts)	SET: 8 CHARTS	
Aromatherapy & Ess. Oils- By REMEDIES- CHT#1	(AROM.REM #1)	
Aromatherapy & Ess. Oils- By REMEDIES- CHT#2	(AROM.REM #2)	
CRYSTALS,GEMS,& Healing Stones-Mastr Chrt#1	(CRYSTL/GEM 1)	
CRYSTALS,GEMS,& Healing Stones-Mastr Chrt#2	(CRYSTL/GEM 2)	
CHAKRA (Rainbow) Cht /Engy Ctrs-Our Body-Mind Connectn	(CHAKRA CHT.)	
IRIDOLOGY Chart of EYE Reflexology	(EYE CHART)	
FOOT Reflexology Chart - Rainbow-Coded	(FOOT CHT.)	
HAND Reflexology Chart- Rainbow-Coded	(HAND CHT.)	
SPANISH FOOT Reflexology Chart - Rainbow-Coded	(SPAN FOOT)	
SPANISH HAND Reflexology Chart -Rainbow-Coded	(SPAN HAND)	

Order DATE: _____

CHARTS TOTAL: _____ Dz/gross =(#) CHARTS x \$ _____ ea. = \$ _____ **(#3)**

STARTER KITS & DISPLAY Racks	Quant.	Price Ea.	Total
ORIGINAL Series FULL STARTER KIT (Display 1/2 off)	x	\$ 252.76	= \$
ORIGINAL Series STARTER KIT - SLIM	x	187.58	= \$
AROMA Series FULL STARTER KIT (Display 1/2 off)	x	204.88	= \$
AROMA Series STARTER KIT - SLIM	x	159.74	= \$
	x	\$	= \$
	x	\$	= \$
	x	\$	= \$

DSPLY/KITS TOTAL: _____ **(#4)**

\$ TOTAL For DISPLAYS & KITS: \$ _____

ORIGINAL Series- TOTAL # of CARDS: _____ Dz/gross =(#) CARDS x \$ _____ ea. = \$ _____ **(#1)**

WALLET CARDS: AROMATHERAPY SERIES	Abbrev'd Name	QUANTITY PER ITEM (State Doz. / Ea.)
AROMA CARD SET: (1 each of all 7 Aroma Cards)	SET: AROMA	
Aromathrpy: FLOWERS,Floral Hrbs/Trees-Cd #1	1 (FLOWRS 1)	
Aromathrpy: FLOWERS,Floral Hrbs/Trees-Cd #2	2 (FLOWRS 2)	
Aromathrpy: FRUIT Scents & Essences Card	3 (FRUITS)	
Aromathrpy: HERBS & Seasonings- Card#1	4 (HERBS #1)	
Aromathrpy: HERBS & Seasonings- Card#2	5 (HERBS #2)	
Aromathrpy: HERBS & Seasonings- Card#3	6 (HERBS #3)	
Aromathrpy: SPICES & Savory Scents Card	7 (SPICES)	

(See "CHARTS" Section above for AROMA CHARTS)

AROMA Series- TOTAL # CARDS: _____ Dz/gross =(#) CARDS x \$ _____ ea. = \$ _____ **(#2)**

PAYMENT METHOD: CK# _____ ENCLOSED FOR\$ _____ 5/12/00
 UPS OR MAIL COD. CREDIT CARD: VISA / MC:

SUMMARY OF TOTALS	
From Original Series CARDS: (#1)	\$ _____
From Aroma Series CARDS: (#2)	\$ _____
From CHARTS: (#3)	\$ _____
Display Racks: (#4)	\$ _____
SUB-TOTAL OF ALL ITEMS:	\$ _____
(Discount/ Other Credit)	
SUB TOTAL	\$ _____
Ship. & Hand. (incl. COD if app.)	
SUB TOTAL	\$ _____
Sales Tax: In FL only: Send Tax Exemption Card or must add 7 %:	
ORDER TOTAL:	\$ _____
Amount Paid with Order	
BALANCE DUE:	\$ _____

*Note: Please make Ck./m.o. payable to: Inner Light Resources, in U.S. dollars on a US bank branch. All payments due in advance/ with order. Pre-arranged unpaid balances due Net 7 days from invoice date unless otherwise pre-approved. Or circle one: VISA/ MasterCard payment: Card Expiration DATE: _____
 CARD #: _____ Signed: _____ Name on Card (print): _____

Order Date: _____ *Sorry,no refunds or exchanges. Exchange available for damaged items only, and must be pre-arranged by phone. **For Customs:** All items were made in USA.