



# US Consultant Order Form

Please print in black ink. (sample)

**A** **B** **C** **D** | **1** **2** **3**

52 Discovery, Irvine CA 92618 • (949) 789-2000 • www.nikken.com  
 To order call (800) 669-8859 • In Canada call (800) 669-8890 • FAX (888) 5-NIKKEN (888-564-5536)

If you are ordering more than five different item codes at this time: Please enter the total number of order forms you are now submitting in this box.

Independent Nikken Consultant ID# \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Independent Nikken Consultant Last Name \_\_\_\_\_ Independent Nikken Consultant First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Independent Nikken Consultant Email Address \_\_\_\_\_

ITEM CODE	PRODUCT DESCRIPTION	QTY	CONSULTANT PRICE	SUGGESTED RETAIL PRICE	WEIGHT
_____	_____	_____	_____.	_____.	_____
_____	_____	_____	_____.	_____.	_____
_____	_____	_____	_____.	_____.	_____
_____	_____	_____	_____.	_____.	_____
_____	_____	_____	_____.	_____.	_____

**By initialing here, I confirm that I have sold or consumed 70% of my previously purchased Nikken product.**  
 Consultants Initial here: \_\_\_\_\_

Orders that include the Kenko Naturest™ Mattress Topper incur a flat (ground) shipping charge of \$49 for twin, full and demo pad; \$99 for queen, king and calking\* sizes. Surcharges apply to deliveries to Alaska, Hawaii and the U.S. territories and in Canada Nunavut, Yukon and Northwest Territories. Please see price list for surcharge information.  
 \*Special order only. Please allow an additional six to eight weeks lead time for order fulfillment.

**CHECK ONE OF THE SHIPPING CHOICES BELOW:**

**Ground:** \$1.79/lb. with a \$8.50 minimum

**AIR:** \$3.15 /lb. (2 Days) with a \$17.00 minimum

1 **Total Consultant Price**  
 \$ \_\_\_\_\_.

2 **Total Retail / Taxable**  
 \$ \_\_\_\_\_.

3 **Total Weight**  
 \_\_\_\_\_

4 **Shipping Charge**  
 \$ \_\_\_\_\_.

5 **Sales Tax**  
 \$ \_\_\_\_\_.

**Total Due (1+4+5)**  
 \$ \_\_\_\_\_.

**METHOD OF PAYMENT:**

Visa/MC     Discover     Amex

Credit Card Number \_\_\_\_\_ Exp Date (MM/YY) \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Address of Cardholder \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_

**SHIP TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Ste \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_ Phone: \_\_\_\_\_ County: \_\_\_\_\_

