Quick & Clear II Pregnancy Test Enrollment Form

1. Centers Information

Center's Name:	Contact Person:
Telephone Number:	Title:
Fax Number:	E-mail Address:
Billing Address:	Shipping Address:
Billing City:	Shipping City:
Billing State: Zip:	Shipping State: Zip:

2. Select Monthly Test Usage to Determine Price

Tests Used Per Month	12-13	25	50	75	100	125	150	175	200	225	250
Price Per Test	$1.32	$1.20	$1.08	$1.00	$0.92	$0.88	$0.84	$0.80	$0.80	$0.80	$0.76
Test Cost Per Month	$33.00	$30.00	$27.00	$25.00	$23.00	$22.00	$21.00	$20.00	$20.00	$20.00	$19.00
Boxes Per Month	EOM	1	2	3	4	5	6	7	8	9	10+
Cost Per Month	$16.50	$30.00	$54.00	$75.00	$92.00	$110.00	$126.00	$140.00	$160.00	$180.00	$190.00

Vitamins Used Per Mo.	15	30	60	90	120	150	180	210	240	270	300
Price Per Vitamin Pouch	$1.60	$1.50	$1.40	$1.30	$1.20	$1.15	$1.10	$1.05	$1.05	$1.05	$0.99
Cost per Bag (30 pouch)	$48.00	$45.00	$42.00	$39.00	$36.00	$34.50	$33.00	$31.50	$31.50	$31.50	$29.70
Bags (30 pouch) Per Mo	EOM	1	2	3	4	5	6	7	8	9	10
Cost Per Month	$24.00	$45.00	$84.00	$117.00	$144.00	$172.50	$198.00	$220.50	$252.00	$283.50	$297.00

3. Payment Details

Bagged Vitamins: ZL6110

Visa/MasterCard/Discover Number _____ Exp. Date _____ CVV _____

Sign Here if you want to be billed _____

For the period of one year, please ship us _____ boxes of tests

and _____ bags of vitamins per **Month**

Starting shipment on _____
Month Year

Boxes of Tests per Month	0	
Test Cost per Month	$0.00	$0.00
Bags of Prenatal Vitamins per Month	0	
Prenatal Vitamins Cost per Month	$0.00	$0.00
Tax:		$ -
Shipping: 1-2 boxes $8.95/3-4 boxes $10.95 5-9 boxes $13.95/10+ boxes 7%		$0.00
Total Cost Per Month/Qtr		$0.00

4. Life Affirmation Statement

I verify that our organization does not perform, recommend or refer our clients for abortion.

Signature Printed Name Position Date

Heritage House '76, Inc. 919 South Main Street, Snowflake, AZ 85937 1-800-858-3040 Fax: 866-753-4027

Email to kyle@pro.life