



# 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: 0
Billing State: Zip:	Shipping State: 0 Zip: 0

## 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

**Vitamins: ZL6110**

<input type="radio"/> Visa/MasterCard/Discover Number _____ Expiration Date _____ CVV _____ <input type="radio"/> Sign Here if you want to be billed <input type="radio"/> For the period of one year, please ship us <u>0</u> boxes of tests and <u>0</u> bags of vitamins per <b>Month</b> Starting shipment on _____ Month Year	Boxes of Tests per <b>Month</b> <b>0</b> Test Cost per Month \$0.00 \$0.00 Bags of Prenatal Vitamins per Month <b>0</b> Prenatal Vitamins Cost per Month \$0.00 \$0.00 Shipping: 1-2 boxes \$7.95/3-4 boxes \$10.95 5-9 boxes \$13.95/10+ boxes \$16.95 <b>Total Cost Per Month/Qtr</b> \$0.00
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## 4. Life Affirmation Statement

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

\_\_\_\_\_  
 Signature Printed Name Position Date

