

**CONTACT INFORMATION:**

Name of Business, Church, or Organization		Name of Contact Person
Billing Address		Mailing Address
City, Prov/State, PC/Zip		City, Prov/State, PC/Zip
Phone	Fax	Phone, if different from billing

**TYPE - CHECK ONE:**

<input type="checkbox"/> Church	<input type="checkbox"/> Non-profit Organization Type of business
<input type="checkbox"/> Health Professional Type of profession -- i.e. Doctor, Dietician, Nutritionist, etc.:	<input type="checkbox"/> Lay Evangelist Nature of Evangelism -- i.e. Name of seminar, etc.

I request the 20% commission as mentioned in the Sette Commission Brochure. I understand this program may be discontinued at any time and product discounts may have exemptions.

I understand the order form MUST have my name written on it in order to receive the commission.

The information I am providing is true to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name that will be used on the Order form:

\_\_\_\_\_

*Please fax completed form to: (250) 529-7757  
Or e-mail or mail it to the above address.*

*For more information:  
Call 1-877-597-3883 or Email: [sales@settepublishing.com](mailto:sales@settepublishing.com)*

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