Tiller MIND BODY, Inc.

Manufacturer & Distributor of Colon Hydrotherapy Systems

LIBBE CONTRACT to PURCHASE - USA MAINLAND

Congratulations! You are ready to invest in a unique and fast growing health care field. Please review documents carefully before signing, you may also consult legal advise. Complete documents and you may scan/e-mail or fax to us to prepare your invoices.

CHECK List – To Place order requires the following completed documents

_____ ***"Contract to Purchase a LIBBE Medical Device"*** ***completed and signed.***

"Owner" is the same Person's name on contract and invoices.

_____ ***Licensed Medical Provider (Dr.) Prescription (RX)***

_____ ***Sign and Return the LIBBE SHIPPING LABEL with Cabinet Style***

_____ ***Completed Copy of the LIBBE Initial Supply List.***

Please review the LIBBE Initial Supply List, you may increase order.

The more supplies you order now - Saves on UPS Shipping Costs at Later Time.

_____ ***Copy of LIBBE Device Training Certificate from LIBBE Recognized School for Each Trained Therapist that will be operating a Device - and a ...***

_____ ***Copy of Owners and each Trained Therapists Drivers License or Passport.***

Questions, Please call.
Healthy Blessings,

Jeri

Ms. Jeri Tiller
President / CEO

Page #. Enclosures:

2. How to Order - Shipping information
3-4. LIBBE "Contract of Sale"
5. Medical Provider Prescription Sample
6. Quality Assurance
7. LIBBE Shipping Label
9-10. Supply Order Form
11-12. Payment information
13. Colonic Network Application
14. How to call on Physicians for RX

10911 West Avenue • San Antonio, TX 78213 • 210 308-8888 • FAX: 210 349-5679 • e-mail: Jeri@colonic.net

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Steps to Place Order to purchase LIBBE(s)

Complete Paperwork and return "Scan/Email' to info@colonic.net or by Fax 210 349-5679

We will prepare temporary Invoices and email them to you to review if adjustments let us know, and will email updated Invoices. IF all okay then sign the bottom of Invoices and return.

> Wire Transfers save us both un-necessary Costs.
> Credit Card Payments will have processing fees added to Order.
> Certified Cashiers Checks may be sent over-night to us.
> Personal / Business Checks will delay shipping by 5 to 8 days.

When all paperwork - funds are completed:
Orders will then be ready to arrange for you to pick up or when shipping we will complete a final Test, safely pack and ship within three business days.

Each LIBBE System & Supplies are carefully packed into a special built Worldwide approved crate.
Crate is Included with New LIBBE Purchase **(Value $489.00 Included at no charge - when our Shipper is used.)**
Crate is Re-useable by simply stacking pieces together, place in Storage and Save for future use!
Shipping, Handling Fees, Insurance, Documentation Fees are listed on the LIBBE Shipping Invoice.

MAINLAND Shipments:

LIBBE's are Crated and Shipped by Truck USA Mainland, Canada or Mexico to your driveway or sidewalk. You must arrange to unpack and carry LIBBE / Supplies inside your building!

International Shipping: is by AIR to your nearest Cargo Airport, after customs has released it to you, You must then arrange for delivery by an area company, to pick-up from nearby Airport to your address.

SHIPPING THE LIBBE

LIBBE Tested, Safely Crated, Supplies Packed, Sealed, Weighed and Insured!
Crate Size: 66" (168cm) Long by 50" (127cm) High by 34" (86.4cm) Wide
Weight; 400 Lbs. to 500 lbs., (182 kg to 227kg) Depending on Amount of Supplies
USA Mainland Shipped by Truck - International Shipped by Air.

All user's (Therapists) operating a LIBBE System must have successfully completed the LIBBE Training from a LIBBE Recognized School and have a Prescription on file.
(It is strongly recommended that all previously Trained LIBBE Therapists return for a FREE Review class at Manufacturers School every couple of years. Class provides new Device Technology, Legal and Legislative updates or just to fine tune their colon hydrotherapy skills.)

"*Owner's Contract for LIBBE Colon Hydrotherapy System*"

FDA (class II) Colonic Irrigation Systems are prescription medical devices and intended for colon cleansing, When medically indicated, such as before radiologic or endoscopic examinations, as identified 21 CFR 876.5220.

Following Person is the Legal LIBBE Owner & will be listed as such;

(A Person):_____ with a

Business Name of : _____ and

LIBBE Located at Address:_____

City_____ State_____ Zip _____

Business Phone _____ Fax _____ Cell _____

Business Email:_____ Personal Email: _____

Trained Therapist Name_____ (Training Certificate attached)

LIBBE System (Medical Device) **Owner hereby agrees to the following conditions:**
for safety and compliance regulations, only LIBBE Trained Therapist(s) will be allowed to legally use/operate a LIBBE. **LIBBE Owner** will require that all LIBBE Trained Therapist(s) will follow the manufacturer guidelines for use, to include using the Manufacturer Health History Questionnaire (Form) provided by the LIBBE School when student was trained.
LIBBE System Owner & trained Therapists acknowledges that FDA and International Medical Device Safety Standards require a Prescription to use/operate to always be on file.
LIBBE System Owner will ensure that the required monthly and annual Maintenance is completed in a timely manner, with the approved supplies to prevent any Bacteria concerns.
Troubleshooting; if unable to solve System issue after reviewing the "Quick Reference Guide" first and Technical Support is still needed, the Owner will have LIBBE Trained Therapist(s) be in front of System and always call Manufacturer's office FIRST to prevent further issues or other Unnecessary expenses! (Technical issue Pictures may be emailed to: **info@colonic.net**)

LIBBE System Owner is aware of the intended use and will NEVER allow anyone to alter, copy, duplicate, modify, misbrand, misuse, add parts or adulterate the LIBBE in any form or fashion!

LIBBE System Owner is aware that mere Reading of the LIBBE Operations Manual in no way qualifies any person to use/operate a LIBBE! System Warranty will be voided when LIBBE is used by any un-trained persons, misused, or does not keep properly maintained.

LIBBE System Owner and all LIBBE Trained Therapist's, will be responsible for any and all known or unknown Country, State, City, County, Business Licenses, Occupancy or Plumbing Permits, Fees, Sales or Property Taxes, any Brokerage or Custom Fees, and/or any Insurance Requirements.

LIBBE Owner will promptly notify Manufacturer of any change in the LIBBE address, or should Owner decide to sell or transfer System or has even destroyed the LIBBE!

CAUTION: Original LIBBE System Owner will be held legally liable should new owner have caused an injury, death or lawsuit and was not properly Trained or have completed the transfer paperwork.
(Complete Contract of Sale, keep a copy and return originals to us.)

 Owner Initials _____

LIBBE System Owner agrees to always Install LIBBE per Plumbing Instructions and use the approved safe Supplies. LIBBE System Warranties (Page 2. Operations Manual) does not cover improper installation, unsafe use of non-approved disinfectants, failure to complete the required maintenance in a safe and timely manner, Damage caused by water, untrained or user misuse, or adding untested parts causing adulteration!

LIBBE Manufacturer has the right to limit any and all Service,Technical Support or Parts to any Owner that does not have Trained Therapists operating and maintaining Device as required or a Current RX on file. Each LIBBE Device has a Legal Life Span of up to Ten Years from Date System was Manufactured.
After the System is Ten Years old, Parts and/or Technical Support may no longer be available.
The LIBBE Owner may choose to have the outdated System sent to Manufacturer to be updated or Traded in at a Discount for a new System in order to receive continued support from Manufacturer.

In the event Device Owner or other's cause tortuous injuries, misconduct, fraud, breach of Contract, breach of LIBBE System warranty, or any other violation of the law in the United States or the Owner's Territory is not Within the United States, with any third party, person, or individual. LIBBE Owner will be the sole responsible party for such incidents and will indemnify Manufacturer / Tiller Mind Body, Inc. of any and all costs to defend such incidents.
LIBBE Owner is responsible to immediately notify the Manufacturer of any such violations or incidents.

It shall be the LIBBE Owner's responsibility to defend against any suits that arise from its misconduct, tortuous injuries, fraud, breach of contract, breach of warranty, or any violation of the law in the United States, or the LIBBE Owner's territory not within the United States. This is the entire Contract between the parties and replaces any and all prior Contracts. No modification or amendments are effective unless in writing and signed by both parties.
This Contract is governed by Texas Law. Jurisdiction and venue are exclusively set in Bexar County, Texas. USA.
LIBBE Owner agrees "Contract of Sale" will be binding upon All parties, successors, or transfers, or assigns.
At Manufactures discretion, disputes may be resolved by binding arbitration according to the rules of the American Arbitration Association in Bexar County, Texas.

If any portion of the Contract is unlawful, that portion shall be reformed to the extent needed to make it lawful.
This Contract shall be construed according to its fair meaning and not for or against either party.
BY SIGNING BELOW, THE LIBBE MEDICAL DEVICE "OWNER" HAS READ THIS CONTRACT AND UNDERSTANDS IT TO BE A BINDING LEGAL CONTRACT UNDER THE LAW AND AGREES TO ABIDE BY THE RIGHTS, TERMS, AND ALL THE RESPONSIBILITIES SET FORTH IN THIS CONTRACT.

X _____
LIBBE Owner/Signature

- PRINTED Name_____
- Home Address_____
  _____
- City_____ State_____
- Country_____Zip_____
- Home Phone _____
- Email: _____
- Drivers Lic. # _____
  State of _____

Date: _____

Owner Birth Date: ___/ ____/_____

Following Copies are to be attached and become part of the Contract:

- Owner Drivers License or Passport
- Owner Professional License (if any)
- Copies all Trained Therapists Certificates
- ***Complete all Information or Order May be Delayed.***
  (Mail all signed originals to below)

Legal Status -Tiller MIND BODY, Inc. Incorporated in Texas, USA and the Manufacturer of FDA Registered Colon Hydrotherapy System *(class II. Medical Device)* for Colon Hydrotherapy, known as "The LIBBE", of which, is licensed by FDA, Australia, Canada, European Union (EU), Hong Kong, Mexico, (with China Pending)

Manufacturers **address is: Tiller MIND BODY, Inc. 10911 West Avenue, San Antonio, Texas, 78213-1537 USA**
Telephone 210 308-8888, Fax 210 349-5679 Email: Jeri@colonic.net

"U.S. Food and Drug Administration (FDA) Requirements"
FDA Colon Irrigation Systems, (Colonics) are Prescription class II. Medical Devices and Require a Prescription to Use, Operate or Purchase a Colon Hydrotherapy System and or Supplies.
"The LIBBE" is a FDA Registered Medical Device for Colon Hydrotherapy. (since 1995)

Prescription Must be Completed by a Licensed Medical Practitioner that is Licensed in the STATE or COUNTRY where Equipment is being used!
PRACTITIONER MAY CHOOSE TO WRITE ON OWN PREPRINTED PRESCRIPTION PAD.

Rx

PRESCRIPTION FORM

Therapist/Owner Name: _____ Birth Date:_____
Address: _____
City_____ State _____ Zip _____

Prescription for Use and/or Purchase of Colon Hydrotherapy System and Supplies

Licensed Practitioner Name: _____
Address_____
City _____
State _____Zip_____
Off Phone _____ email _____

PLEASE PRINT Licensed Medical Practitioner Name, Address, Lic.#, State, Phone

Signed: *(Order Expires 12 Months from date signed)* Date: ___/____/20___

X _____ TYPE_____ _____
Licensed Medical Practitioner Signature *(MD DO DC ND)* *PRN*

License #_____ State/Country_____

MAIL ORIGINAL COPY TO:
Tiller MIND BODY Inc. 10911 West Avenue, San Antonio, Texas 78213
210 308-8888 **Fax 210 349-5679** Email: info@colonic.net **www.colonic.net**
Remember to place a copy of RX in your LIBBE Operations Notebook - will then be available to Inspectors

INTERNAL OFFICE USE:
Center Name: _____ Device Name_____
Address: _____ Phone _____ Serial #_____
City_____ State _____ Zip _____ #_____
Device Trained Therapist Name: _____ #_____
Device Trained Therapist Name: _____ #_____
(Copies of Therapists Training Certificates have been included OR are already on file)

QUALITY ASSURANCE

Colon Hydrotherapy System; also referred to as Colonic's, colon irrigation or high enemas.

Tiller MIND BODY, INC. San Antonio, Texas (USA) is the manufacturer and distributor of "The LIBBE", Colon Hydrotherapy (class II., medical device)
Since 1995 LIBBE Systems are found world wide, manufactured in Safety conformance to meet strict FDA and International Medical Device Regulations as follows:

- USA FDA (Food & Drug Administration 21 CFR § part 820 876.5220)
- IEC 60601 - 1:2005 (3rd Edition) Electrical Compliance Testing
- Quality System with ISO 13485:2003
- CE 0459 Certification through Europe Quality & Production Assurance
- Health Canada Medical Device License No. 78207
- Australia (ARTG) Licensed
- I-ACT Founding Members and Recognized Colon Hydrotherapy School
- Texas Licensed Medical Device Manufacturer
- Texas Licensed Education Provider

"The LIBBE" colon hydrotherapy system is a FDA registered (Class II., medical device) for colon cleansing when Medically indicated, such as before radiological or endoscopic examination.
Colon hydrotherapy takes place in an integrated clinical setting, affording the patient/client both modesty and Dignity and the trained practitioner ease-of-use.
The LIBBE System is comfortable and allows the patient/client the simple release of the contents of the large Intestine (colon) during a 45 minute session. Each colonic session uses 10 gallons or less of gravity-fed filtered, ultraviolet Purified Water, which is safely controlled by a temperature control sensor. Should the water temperature go above 104 F (40 C) the water flow automatically shuts off.

The LIBBE System was developed to assist the healthcare practitioner and patient/client for a easy and simpler comfortable preparatory method prior to medical procedures, such as before a colonoscopy or when medically indicated.
Colon Hydrotherapy procedures aid in relief of Constipation and other health care concerns.

The LIBBE System State of Art Technology and Durable Components has grown in acceptance worldwide as the colon hydrotherapy system that is **designed to allow both colon and bladder to release** as patient/client desires, with ease of use and modesty protection. Proper training prepares the Therapist with safe use, how to properly sanitize, easy maintenance, low-cost disposables and optional Worldwide Internet Listing.

The practitioner (Therapist) **is required to complete LIBBE System Training at a LIBBE Recognized School. Many States require Certification Training and the State of Florida has a license requirement.**
With Colon Hydrotherapy Certification the trained therapist may then apply for mal-practice insurance.

Ms. Jeri Tiller
President

For Information E-mail: info@colonic.net
Website: www.colonic.net

Tiller MIND BODY, INC.
10911 West Ave
San Antonio, TX 7813
Tel (210) 308-8888 Fax (210) 349-5679

IMPORTANT! *USA Mainland* *LIBBE SHIPPING LABEL*

Date:___/___/20___ ***Please indicate Cabinet color on this form***

Select Cabinet Style: Maple Wood ___ Fiberglass ___

SHIPPING AND CONTACT INFORMATION:

PLEASE PRINT!

Business NAME_____

CONTACT NAME_____

ADDRESS_____

CITY _____

STATE_____ ZIP_____ USA.

E-mail:_____ and PHONE NUMBERS:

OFFICE _____ HOME: _____

CELL _____ Other/ Name _____

SPECIAL INSTRUCTIONS:_____

USA Mainland: Out of Ordinary Delivery Fees May Apply:

Residential Address cost more - Is this a Business Address? __YES __NO

Do you have a Concrete Dock for Big Trucks? ____YES _____NO

If NOT: Additional Fee for Delivery Truck with Lift Gate added of $75.00.

SHIPPING COSTS DO NOT INCLUDE: When Delivery is Downtown in a Major City, a Sky scraper, any unusual Location, or other unusual requests.

SHIPPING / DELIVERY QUOTE IS FOR DROP OFF AT STREET LEVEL ONLY, YOU MUST ARRANGE FOR DEVICE & SUPPLIES TO BE UN-PACKED, CARRIED INSIDE - Then CRATE may be disposed or PLACED IN STORAGE.

NOTE: After you receive your LIBBE Crate, Immediately do the following;

1. **INSPECT Crate for any possible concerns, if needed, take pictures before opening.**
2. **Open crate per instructions and inspect Base & Cabinet to be sure all okay.**
3. **IF any issue - you must take pictures of Base, Cabinet or any products and NOTIFY us immediately. (Warranty Information on Page 2. In Operations Manual). Device Installation MUST be completed within Thirty Days to determine any shipping Concerns. Insurance Replacement or Warranty may not be available after thirty days.**

All persons that use/operate a LIBBE System MUST have completed Training from an approved LIBBE Recognized School or Instructor or Warranty is voided!

I have read above requirements; Signature X _____

Of the thousands of LIBBE Crates we ship out, 99.9% arrive safe and secure!

YOU DISCOVERED LIBBE FROM WHO? i.e.: Internet, Therapist, Instructor...

NAME:_____Located_____

US FDA and International Regulations:

To Purchase a LIBBE System all persons that will be using/operating and maintaining the LIBBE, MUST complete Training.
LIBBE System Training is available at the Manufacture School in San Antonio, TX or at any of our LIBBE Recognized Schools on website.

For Class Dates and Enrollment at Manufacture School
Or for other Recognized Schools go to Website
http://colonic.net/training/registration/

New System purchase must be completed
and shipped within 120 days after Training
to receive the Training Discount of $1,000.00.

Plus with your New LIBBE, to help you receive new clients, we provide
a FREE 12 Months Listing & Email on Colonic.Net
($200.00 Value)

RX must be kept current to purchase required supplies at LIBBE
Family Discounts, Technical Support and for website listing.

Previous LIBBE Purchasers (of New LIBBES) will also receive
the $1,000.00 Discount on any
New LIBBE Purchase with new Paperwork!

INITIAL ORDER for USA MAINLAND CENTERS

Requires Current Prescription and Paperwork on File

Proudly Made in the USA

Owner Name _____

	Size	Cost	#	Total
Optional ISOLATION TRANSFORMER is Available for LIBBE Systems. The ISO Box comes with Electric Cord calibrated to meet your Countries Voltage			1	Included
> TESTED & APPROVED SUPPLIES FOR USE ON LIBBE & OTHER OPEN SYSTEMS <				
COLON Cleanser Nozzles - Curved - Blue - Bulbed End (REF 8888) **"RX REQUIRED"**	50	$72.00	2	144.00
Flexible Tubing *Marked - **FDA MEDICAL GRADE** - cut lines every 7 inches No leaching of chemicals, resins or polymers -* **NOW 60 Foot Rolls**		$ 30.50	2	61.00
PETROLATUM JELLY - To lubricate Nozzle (144+/- Individual Packets)	Box	$16.98	1	16.98
LUBRICATING JELLY - Latex Free - To lubricate Nozzle (144+/- Individual Packets)	Box	$16.88	1	16.88
NITRILE FREE GLOVES Med_____ Large _____	200 per Box	$17.90	1	17.90
* C D C DISINFECTANT *Effective Against HIV Aids - Safe - Biocompatible - Concentrated.- Environmentally Friendly - No Absorption - Will not Harm Fiberglass*	1 Gal.	$16.50	2	33.00
* DEGREASER Heavy Duty -Concentrated (Cleaning View Tube & Great for Laundry)	1 Gal	$16.50	2	33.00
*** NOTE: CDC Disinfectant/Degreaser minimum order of Four Gallons must be shipped - Your Choice**				
View Tube Snake (mop-on-a-rope to clean clear view tube - use with Degreaser)	Each	$ 7.98	1	7.98
Plastic Handle Mop LIBBE" Base/Table Mop (use with CDC Disinfectant)	Each	$ 5.48	1	5.48
FILTER Carbon Cartridge - Rated **HOT Water Use** (Must Replace Every 30 days)	Each	$ 9.50	2	19.00
2 - 1/2 Gallon PLASTIC DISPENSER with Nozzle (for Pre-mixing & Easy Dispensing CDC)		$19.99	1	19.99
Plastic PUMP for the 1 Gallon Bottles (For CDC & Degreaser Gallons - Above)	Each	$ 3.98	1	3.98
Sprayer Bottle 3 - Pack (Three in Package)		$ 7.87	1	7.87
EZ Wax for Waxing Base - Closes up Pores on Base to look like new	One	$16.50	1	16.50
LIBBE Head Rest Extension Fiberglass - Keeps Cushions on Base (Table)	One	$320.00	1	320.00
		Sub-Total		**$ 725.16**
> "OPTIONAL" ITEMS <				
LIBBE Wedge Triangle Cushion - Helps Raise Children or Elderly up on Base	One	$178.00		
LIBBE Sessions Shirts - One Size Fits Most	One	$ 18.00		
"Tummy Warmer" Stays HOT for 1 Hour! Re-Useable Over and Over - Just Boil	One	$ 35.00		
		TOTAL		**$_____**

ALL SUPPLIES WILL EASILY FIT INTO THE CRATE.
PRICES/SPECIAL SUBJECT TO CHANGE WITHOUT NOTICE!

*Copyright © - **Updated 6/2016***

Supplies for Colon Hydrotherapy Systems

Cleansing Nozzle: Curved Bulb Tip - RX Medical Grade (REF 8888)

Flexible Tubing FDA MEDICAL Grade

No Leaching of dangerous polymers, chemicals or resins into human body.

60 + Foot Roll (You cut to size enough for 2 Boxes of Nozzles)

Plastic Handle Mop
Mop-on-rope (snake)

Petrolatum

Water Base Jelly

Package Colors may Change

Degreaser Concentrated
Cleans View Tube
• Gallon •

"CDC" DISINFECTANT
FDA Approved
(Neutralizes HIV!)
Concentrated
• Gallon •

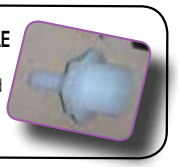
Maintenance Parts

Carbon Filter
Hot Water Use.
MUST BE REPLACED MONTHLY TO PREVENT BACTERIA
Rated: 5 Micron
Reduces: Chlorine, Odor, Sediment

UV Bulb - Replaced Annually
Available for LIBBE's Built After 2002

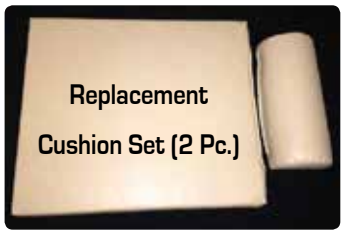
Chrome
Sprayer Head
See Cleaning Instructions

CONNECTOR NOZZLE
Flex Tubing connection can wear out - Barbed End
Replace when needed!



Gloves Nitrile
200 PER BOX
Med, Large, XLarge

EZWAX
For waxing the LIBBE Fiberglass Base / will look new!



Replacement
Cushion Set (2 Pc.)

Optional Items

Wedge

Tiller MIND BODY, Inc.
10911 West Avenue
San Antonio, Texas USA
78213
Office: 210 308.8888
Email: info@colonic.net

Made in USA

Medical Grade Isolation Transformer meets most Hospital Standards & Countries Electrical Requirements

WE ACCEPT PAYMENTS BY BANK WIRE TRANSFER,
CREDIT CARDS WITH PROCESSING FEES OR CASHIERS CHECKS.

Business or Personal Checks will delay your order 8 Business Days!

After we have received and confirmed all of your Purchase Paperwork and your approval signature on the bottom of each Invoice... You may then wire the funds!

BANK WIRE INSTRUCTIONS:

FROST National Bank
Park North Financial Center
734 N. W. Loop 410 Branch #052
San Antonio, Texas 78216 USA
Customer Service: 210 220.6081
email: yolanda.potts@frostbank.com

Bank Account Name:
Tiller MIND BODY, Inc.
Wire Account #: 523693325
Wire Routing #: 114000093
A.B.A. (swift code): FRSTUS44

THIS ACCOUNT IS A DEPOSIT ONLY ACCOUNT!

PLEASE EMAIL US WITH THE AMOUNT / DAY YOU DEPOSITED
SO WE WILL KNOW "WHO" SENT THE FUNDS.
info@colonic.net

EFFECTIVE January 1, 2016

PAYMENTS MADE BY CREDIT CARDS FOR LIBBE PURCHASE, INITIAL SUPPLIES AND SHIPPING WILL HAVE PROCESSING FEES!

MASTER CARD OR VISA PROCESSED WITH ADDITIONAL FEE OF 3%.
AMERICAN EXPRESS CARDS PROCESSED WITH ADDITIONAL FEE OF 5%

There will NOT be any fees for using Master Card or Visa for re-supply orders or to Enroll in Training classes, when Authorization Form has been completed.

SENDING FUNDS BY BANK WIRE TRANSFER
IS THE QUICKEST and SAVES CREDIT CARD FEES!

Example: for $10,000 MC/VISA Fee is $300.00
American Express Fee is $500.00

We do our best to continue giving all of our Customers the lowest costs for LIBBE and Supply's, and using Shipping that will guarantee a safe and on time delivery.

Thank you, Tiller MIND BODY Inc.

CREDIT CARD AUTHORIZATION; Completed by the Credit Card Holder

PLEASE CALL CREDIT CARD Company - LET THEM KNOW to AUTHORIZE A LARGE CHARGE!

Payment is for LIBBE Owner: _____

Located: City _____ State/Other_____

PRINT PLEASE

Credit Card Holder Name _____

Card Holder is related to Owner how? _____

Billing / Statement Address _____

City_____ State _____

Zip/Postal Code_____ Province _____

USA ___ Country_____ Email _____

Phone;_____ Cell: _____

Master Card _____ Or VISA Card _____ Add 3% Fee AM EX _____ Add 5% Fee

Card #_____ Exp:_____ Security# (_____)

Security # on back of card

Signature Authorizes Amount of $_____ + Card Fees

X Cardholder Signature_____

Scan / Email: info@colonic.net • Fax 210 349-5679

Please Be sure Copy of Front & Back of Credit Card and Card Holders Drivers License or Passport can be read Before you Fax!

Photo of FRONT Credit Card

BE SURE COPIES CAN BE READ!

Photo of BACK Credit Card

colonic.net

ADVERTISEMENT / LISTING FOR OPEN COLON HYDROTHERAPY SYSTEMS

PRINT

LIBBE Owner Name_____ Bus. Name _____

LIBBE Address_____ City_____ State_____ Zip_____

Province _____ Country_____ Center Phone Number _____

Note: For International Listings, Please provide complete dialing info from USA (ie:011).

FDA *Open System Name;* _____***Serial #***_____ ***(Required)***

ANNUAL COLONIC.NET WEB ADVERTISEMENT: Does Not Include E-mail Option!

Advertisement on Colonic Network Web Site for Twelve (12) Months with Current Prescription!

One Therapist Name per Fee - All Therapists Advertised Must be included on the Current Prescription.

_____ **$100.00 Fee - First Therapist Name, Above** Business Name, Address & Center Phone

*Name*_____ *I-ACT* ___ *Certified Level*_____ ***(Attach Copy of Certificates)***

_____ **$ 50.00 Fee - Additional/Second Therapist Listing - Same Location and Center Phone**

*Name*_____ *I-ACT* ___ *Certified Level*_____ ***(Attach Copy of Certificates)***

_____ **$ 50.00 Fee - Additional/Third Therapist Listing - Same Location and Center Phone**

*Name*_____ *I-ACT* ___ *Certified Level*_____ ***(Attach Copy of Certificates)***

OPTION: ALLOW CLIENTS TO EMAIL YOU - A Link to your Web site not available!

_____**$100.00 FEE PER EMAIL** **EMAIL** _____

$100.00 Primary **+** #____ Additional @ $ 50.00 **=** $_____ **+** #____ E-mail @ $100.00 **=** **$**_____

Total Amount $_____ Check #_____ VISA ___ Master Card ____

Card Number_____ Exp.___/____ (_____) Zip Code_____
3 digit Security

PRINT Name of Card Holder _____

Signature of Card Holder **X**_____

Initial

_____ **I/we use an FDA Colon Hydrotherapy System - Name and Serial # is shown above.**

_____ **I/we only use approved nozzles, flexible tubing and disinfectants per my Device Manufacturer.**

_____ **I/we always complete the required maintenance of changing the HOT Water Filters monthly, the UV Bulb Replaced annually & recommended cleaning to prevent Bacteria Growth in my System(s).**

_____ **I/we will always stay in "Scope of Practice" and follow the Manufacturers Guidance.**

_____ **I/we have never been accused or convicted of a sexual related type felony or misdemeanor.**

It is my/our responsibility to provide notice of any changes to my Network listing in writing.
Should any of this information prove to be false - I/we will immediately be removed with no refund!
I have read and initialed, my signature below certifies that this information is true and accurate!

Owner Signature X _____ **Date** _____/_____/ **20**____

Complete and Sign or Listing will be delayed. We reserve the right to refuse service to anyone!
(NOTE: Listing will be removed when RX Expires or when not following guidelines.)

Colonic.net; 10911 West Avenue • San Antonio, Texas 78213 • Phone 210 308-8888 Fax 210 349-5679

Preparation for visiting local Physicians to obtain your RX !

Remember - You are there to Educate and offer the Doctor a Business Opportunity!

PREPARE: Several Copies of the following and place into a File Folder
(Note: you could make a label to stick to front of folder of a picture of your Center)

- Center Brochure & Business Card
- Training and I-ACT Certificates,
- Malpractice Insurance (front page of policy only) (Happy to Email Application)
- Health History / Intake Form with Contraindications (I can Email Form)
- the RX form... (You Complete the Top of RX with your name, address, birth date)

PLAN: Start with an area of about 3 miles - all around your Center.
You may want to visit ones farthest away from your Center first - just to practice.
Dress up - Look Professional (Yes, somewhat Sexy usually helps)
Go early morning (7:30 AM) - just like the Pharmaceutical Representatives,
Hand Business Card to Receptionist and ask for 5 minutes of Doctors' time

Also Great to visit during Holidays and take Cookies to say Thank You.

What Doctors?: MD., DO., ND., DC., Any that are licensed in your State to write a Prescription.
(Can call in advance & ask about a license to write RX and hours sales people can visit.)

How To APPROACH or TALK to Doctor:
My Center will be or is using FDA Registered Colon Hydrotherapy Systems, of which, requires a Prescription.
(Show Your Professional Center Brochure)
Just like an X-Ray or Mammogram Technician, I have completed Training including
"hand-on" Internship and Yes, I have Mal-Practice Insurance.
(Show Training Certificate and Insurance Copy)
My Colon Hydrotherapy Center may have Clients with health concerns or other Contraindications.
Before I proceed with providing them a session, I would like for them to consult with a Medical Professional.
(Show Health History - Review Contraindications)

REQUEST:
Doctor; I am here to offer you a Business Opportunity, -
Since we are located in the same area, I would like for your office to be a
place I could refer our clients to, of which, will then develop new patients for you.
in return I am asking you to provide an annual RX for my Center.
(Provide copy of RX or Doctor may choose to write on Prescription pad.)

Ask Doctor if you may leave some of your Brochures with the Receptionist.
Discuss your Service with the Receptionist as you leave the Brochures

Even IF Doctor does not sign the RX - YOU are educating them that YOU provide a Service for All Patients!

Do NOT stop with just one Doctor - Best to visit several or even ALL in your area and good idea to get several RX in event something happens to the "One" Doctor.

Be Bold! Be Persistent!

RECEPTIONIST:
YOU could have a Gift Certificate ready for Two Sessions and write their name on it.
Have a 30 or 60 day expiration and non-transferable.

Find out Nurses name and do the same for him/her.

Even IF you do not get the signed RX give the free sessions anyway.