

10-Day Transformation

Cracked Cell Chlorella, Black Walnut Plus, Apothe-Cherry, Ionic Elements, MAP and Guide +



☐ choose Hippokrates Power € 200.20

☐ choose Hippokrates Power Berry € 200.20

☐ choose L.O.V.E. Supermeal € 214.20

☐ choose L.O.V.E. Supermeal Chai € 214.20

☐ **Athlete's Transformation:** L.O.V.E. Supermeal Chai, MAP, Astaxanthin, Supermale; Flyer. € 182.70



TRANSFORM YOUR LIFE

Starter-Kit (UK)

Contains at time of print: Welcome & Forms, Catalogue featuring Transformation, Gift Card and Product Tear Pad, Brochure Fast Start Training Guide, Transformation Brochure, Flyer Giftcards, Flyer 21 Reasons, Brochure Compensation Plan, Brochure Kid's Products, Flyer Athlete Transformation, Flyer Adiponectin & Reset Pack, Brochure Platinum for Athletes, Flyer Gut Harmony, Brochure raw.organic.GENius, Green Foods Bible, Prosper Magazine, 5 Gift Cards.

☒ ~~€ 75.-~~ / € 25.- ... when using a gift card.

5
Gift Cards*

Infinity Pack Transformation

unlimited Gift Cards*

1 raw.organic.GENius Pack

(1 Hippokrates Power Berry, 1 L.O.V.E. Dark Berry)

+

1 Transformation Cleanse

(1 Hippokrates Standard, 1 Cracked Cell Chlorella, 1 Black Walnut Plus, 1 Apothe-Cherry, 1 Ionic Elements, 1 MAP, 1 Shaker, 1 Gym Bag, 1 Tape Measure)

Unlimited Platinum Gift Cards + 15 Purium Gift Cards)

100+
Gift Cards*

7763e Infinity Pack Transformation

€ 499.-



Infinity Pack Gut Harmony

unlimited Gift Cards*

1 raw.organic.GENius Pack

(1 Hippokrates Power Berry, 1 L.O.V.E. Dark Berry)

+

6 Gut Harmony

Unlimited Platinum Gift Cards + 15 Purium Gift Cards

100+
Gift Cards*

7764e Infinity Pack Gut Harmony

€ 499.-



*) including the Gift Cards contained in the Starter Kit - all Infinity Packs will receive 100 more Gift Cards for free as soon as the previous 100 Gift Cards have been redeemed.

Prices on this page are net prices. Prices including VAT please see page 2.

RD0321. Printed on 100% recycled paper



SAVE € 50.— NOW

Gift Card code:

PRICES INCLUDING VAT FOR PACKAGES ON PAGE I

#	Pack / Product	UK	A/EU
1131e	TR Cleanse Hippokrates	200,20	225,90
1137e	TR Cleanse Hippokrates Berry	200,20	225,90
1211e	TR Cleanse L.O.V.E	214,20	241,30
1211ec	TR Cleanse L.O.V.E Chai	214,20	241,30

#	Pack / Product	UK	A/EU
1191ec	Athlete's Transformation	182,70	201,05
1100be	Platinum Starter-Kit	82,50	82,50
7763e	Infinity Pack - Transformation	499,—	542,53
7764e	Infinity Pack - Gut Harmony	499,—	537,63

Please note: All quoted prices are Premium Distributor prices which requires established Back-Up Order. A Back-Up Order is a monthly recurring order set-up by a distributor which is released on the 21st of every month if a distributor chooses not to purchase product orders totaling at least 50 BV by 2pm Greenwich Mean Time (UTC) on the 20th of the month. An activated Back-Up Order of 50 BV or more automatically qualifies a distributor to be a Premium Distributor. Your personal Back-Up Order can be established in your online back office area.

BV: Bonus Volume - Basics of calculation for payout. Net prices and BV are the same in all countries. UK=United Kingdom, A=Austria, EU=all other countries. Prices include applicable VAT: UK (net without VAT); A & EU (all other countries, apart from Germany): 10%/20%.

ABOUT YOU – DISTRIBUTOR APPLICATION

Business Name: Your First/Last Name: Title

Phone # daytime: Phone # evening:

Mobile: E-Mail:

Street Address: City:

State: Country: Postal Code: Date of Birth:

Name of Sponsor/Enroller: Platinum ID: (if known)

I have a VAT number, which is: Attached is my VAT certificate.

CHOOSE YOUR GIFT CARD CODE and the address of your Platinum Europe website:

www.platinumeurope.biz/

Login: Password:

BONUS PAYMENTS will be sent to this account:

Name of account holder: Name of bank:

IBAN Code: BIC Code:

I confirm that all the above data are correct. I have read and understood the policies and procedures of Platinum Health Europe B.V. (Platinum Europe) and the compensation plan. Those documents are part of my Platinum Europe distributorship. I agree with their content and will comply with it.

I may cancel this application without costs within two weeks without giving reasons.

Date: Signature:

AUTHORIZATION for credit card (Visa / Mastercard / Amex) and/or bank collection:

Name on card: Number Expiration date / CCV:

Name on account: Name of bank:

IBAN Code: BIC Code:

I authorize Platinum Health Europe B.V. to deduct payments from my credit card / my bank account for my orders.

Date: Signature:

PLATINUM HEALTH EUROPE B.V.

Postbus 9405 – 3506 GK Utrecht – The Netherlands

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