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RETAIL SALES RULE COMPLIANCE FORM #1025

In order to RECEIVE ROYALTY OVERRIDES AND BONUSES, Omnitrition Independent Marketing Associates MUST COMPLY with the RETAIL SALES RULE (Rule F-4.1). This rule means that IMAs must have made at least ten (10) sales to ten different Retail Customers each month (*in addition to other requirements listed in the Omnitrition Rules and Regulations Handbook to receive Bonus Level Royalty Overrides, at least five (5) must be New Customers*) and have provided Omnitrition with the documentation that such sales have taken place. Complete this form with all information requested and fax or mail it to Omnitrition, **ATTN: Commissions Department** so that it is received by Omnitrition no later than the fifth day of the month following the sales. Do not send anything else in the envelope. **All customers listed on the form should be advised that they may be contacted for verification of the sale.**

IMA NAME: _____
Last First Middle Initial

SOCIAL SECURITY NUMBER: _____ Phone Number: _____

Write in the month in which retail sales were made: _____

Mark "X" If New Customer

<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		
<input type="checkbox"/>	Last Name	First Name			Product Sold	Date Sold	Sale Amount
	Address	City	State	Zip	Phone Number		

I hereby acknowledge my understanding that the information I have provided above is subject to verification by Omnitrition International, Inc. I further understand that if any part of the information is not accurate or verifiable, I will be subject to having adjustments made to my royalty override and/or bonus check for this or any subsequent month, and may be subject to suspension and/or termination.

Signature: _____ Date: _____

This form will not be accepted if illegible or not properly completed.