MANNATECH

Check Detail Request

FOR OFFICE USE ONLY

MAIL TO: 1410 LAKESIDE PKWY #200, FLOWER MOUND, TX 75028 OR FAX TO: (972) 471-8191

ASSOCIATE INFORMATION (PLEASE PRINT)

❑ ACCOUNT NO.
❑ SSN OR FED. ID NO.

DATE

LAST NAME

FIRST NAME

SHIP TO INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

BUSINESS NAME/DBA

STREET ADDRESS (USE THIS LINE AND THE NEXT LINE BELOW IF MORE SPACE IS NECESSARY)

STREET ADDRESS CONTINUED (IF NECESSARY)

CITY

STATE

ZIP CODE +

DAY TELEPHONE – –

EVENING TELEPHONE – –

FAX – –

INSTRUCTIONS

Associates may request a Check Detail if earnings are a minimum of $150 with a Leadership status by completing this form.

Once the form is completed, it may be mailed or faxed to the information listed above, or you may send the request to 4-star@mannatech.com.

Please indicate which type of Check Detail you would like to be sent out from the list below.

Check Detail request options that are sent out via e-mail will be set up and sent out monthly. All other requests will be sent out as requested (see below for options and fees). Associates who failed to receive checks consecutively for two months will be removed from the monthly list.

Associates who would like a check summary can sign up under My Commissions on www.mannatech.com.

CHECK DETAIL ORDER

☐ For a Check Detail E-mail FREE

☐ For a Check Detail CD $20.00

☐ For a Check Detail Hard Copy $50.00

E-mail address_____

Signature_____

PAYMENT INFORMATION PLEASE COMPLETE AND SIGN

☐ CASH ☐ MONEY ORDER ☐ CHECK NO._____

☐ VISA® ☐ MASTERCARD® ☐ DISCOVER®

☐ AMERICAN EXPRESS®

CREDIT CARD NUMBER

EXP. DATE -

NOTE: *For your protection, Mannatech reserves the right to hold credit card orders for address verification. Declined credit card orders will be held for authorization for 10 business days. If we are unable to obtain an authorization we will cancel the order.*

X

ACCOUNTHOLDER SIGNATURE DATE

ACCOUNTHOLDER NAME PRINTED

ACCOUNTHOLDER BILLING ADDRESS

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