

Discount Pricing Application

Please complete this form and submit via email, fax or mail along with necessary documentation.

Email: mail@vibranthealth.com
Fax:
(203) 922-0473

Postal Mail:
VIBRANT HEALTH
Discount Pricing Dept
1 Waterview Dr Ste 103
Shelton CT 06484

I. Please provide the following information All discounted orders must be shipped to this address

Name: _____
FIRST LAST

Address: _____
STREET

CITY STATE ZIP

Email: _____ Phone: _____

II. Which discount program are you applying for (Please select one from the following Discount Programs)

- | | |
|---|--|
| <input type="checkbox"/> Military Discount | <input type="checkbox"/> Senior Discount |
| <input type="checkbox"/> College Student Discount | <input type="checkbox"/> Medical Dispensation Discount |

III. Acceptable Documentation (Please check only one)

Please submit a copy of (1) supporting document listed beneath the appropriate discount.*

Military Discount

- Government issued identification
- Current Orders
- Formal Documentation on Official Stationery

Senior Discount

- Driver's License
- Birth Certificate
- Passport

Medical Dispensation Discount

- A signed & dated letter from a physician on practice's letterhead that **MUST** describe the condition(s) being treated and product(s) being recommended.

College Student Discount

- Valid Photo College ID showing full-time enrollment

*All supporting documents are kept private and are reviewed only by the Discount Pricing Administrator.

I certify that the documentation I am submitting with this application form to be true. I understand that Vibrant Health may ask for updated proof each year to maintain this discount. I also understand that I am to notify Vibrant Health should I no longer be eligible. The product I purchase with this discount is for my personal use only.

SIGNATURE

DATE

Internal use only

<input type="checkbox"/> Approved	Discount Pricing Admin Signature _____	Date _____
<input type="checkbox"/> Denied	Reason for Denial _____	Date _____

Notes: _____