

## 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, Suite 103  
Shelton, CT 06484

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### 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: \_\_\_\_\_

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

- Military Discount  Senior Discount  
 College Student Discount  Medical Dispensation Discount

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### 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 Letter from Licensed Physician Stating Condition

#### 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.

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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

- Approved Discount Pricing Admin Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Denied Reason for Denial \_\_\_\_\_ Date \_\_\_\_\_

Notes: \_\_\_\_\_