

# Application for subscription/s to [www.healthyfiles.com](http://www.healthyfiles.com)

Method of payment:  PayPal/Credit Card  Check

PayPal/Credit Card transaction number: \_\_\_\_\_

If paying by check or money order, please make payable to: **Lanee Proctor**

**Please complete and send this form to:**

Lanee Proctor Attn: HealthyFiles  
1503 S. Monroe Street, San Angelo, Texas 76901

<b>NAME</b>		<b>HOME PHONE</b>	
<b>ADDRESS</b>		<b>CELL PHONE</b>	
<b>EMAIL</b>		<b>WEB SITE</b>	
<b>REFERRED BY</b>		<b>SHAKLEE RANK</b>	
<b>PAYMENT AMOUNT</b>		<b>PAID BY</b>	

**GIFT SUBSCRIPTIONS**

NAME	ADDRESS	PHONE	EMAIL

**REFERRALS (REFER 3 PEOPLE WHO SUBSCRIBE, YOU GET 1 FREE SUBSCRIPTION)**

NAME	ADDRESS	PHONE	EMAIL