



FAX/MAIL ORDER FORM

9454 Wilshire Blvd., Suite #600
Beverly Hills, CA 90212
Tel: (310) 568-1030 Ext. 203
Fax: (310) 861-5612

Level I Wholesale Price

Dear Valued Customer!

Thank you for your interest in our product. Please fill out this form and send it, along with your payment, to the address above. If you are paying with your credit card, please fax this form to (310) 861-5612.

HOW TO FILL IN THE FORM.

1. This form allows you to click inside the fields. The cursor begins to blink.
2. Type your answer. PLEASE DO NOT HANDWRITE.

PRODUCT	DESCRIPTION	PRICE	QUANTITY 8 CARTONS MINIMUM	SUBTOTAL	S&H	TOTAL
RU-21 Dietary Supplement	1 Carton: contains 6 20-tablet packs (total of 120 tablets)	\$24.54			\$0.60 Per Carton	

SHIP TO:

Business Name: _____

Authorized Buyer: _____

State Reseller Permit Number: _____

Please fax copy of the permit to (310) 861-5612

Shipping Address: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Telephone: _____

E-Mail: _____

If you would like to be added to our online store locator please check here:

Please provide address and telephone number as you would like them to be listed on our website (if different from shipping address).

Address: _____ URL: _____

Please indicate method of payment: **Check** **Money Order** **Credit Card**

Please provide credit card information below:

Name (as it appears on the card): _____

Credit Card Number: _____

Expiration Date: ____/____/____

Billing Address: _____

For more information please visit our website: www.spirit-sciences.com or email wholesale@spirit-sciences.com

THANK YOU FOR YOUR ORDER