



Retail Sales Order Form

Customer Name (Last, First, M.I.) Affiliate ID#:

Day Phone Eve. Phone Fax

Shipping Address: (Cannot ship to a P.O. Box):

Street Address Apt/unit #

City State ZIP Code E-mail Address:

Item Description	Quantity	Retail Price (Each)	Total Cost
Aller-Check Food Allergy Test Kit		\$280.00	
Aller-Check Spice & Herb Test Kit		\$240.00	
Healthy Balance Bars (30/box)		\$82.50	
Healthy Balance Bars (2 or more boxes)		\$75.00/box	
On-Tract		\$59.95	
Food Allergy Book		\$4.00	
Subtotal			\$
Shipping & Handling (3% of Subtotal)			\$
Subtotal			\$
Total Amount Due			\$

Payment Information:

1. **Credit Card:** Card type (check one) Visa MasterCard AmEx Discover Exp. Date:

Card Number: ---

Cardholder's Name (exactly as it appears on card):

2. **Money Order** (attached)

3. **Check:** Driver License Number State: Check Number:

Bank Name: Bank Phone:

Bank Routing Number: Account Number

Authorized Signature: Date: