



Easy Pha-max

EASY PHA-MAX RETAIL ORDER FORM

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EC PHA-MAX CODE:

NAME: CONTACT NO:

ADDRESS:

ORDER INFORMATION:

Table with columns: ITEM, DESCRIPTION, PRICE, QTY, EXTENDED PRICE. Rows include items like NS-002 So Easy Nutri Supplement, NS-003 So Easy Nutri Supplement singles, etc.

Office Remarks: SUBTOTAL, CA SALES TAX, SHIPPING CHARGE, TOTAL DUE

PAYMENT INFORMATION:

PAYMENT METHOD: CASH, CHECK, CREDIT CARD

NAME (AS IT APPEARS ON CREDIT CARD):

CREDIT CARD NUMBER: CVV CODE:

CARDHOLDER'S SIGNATURE: EXP. DATE:

Returns must be unopened, in good saleable condition, and must be within the expiration date. All returns are subject to a 20% restocking fee.

ORDERED BY: DATE: