

ORAL IVY™ ORDER FORM

Please print this form: FAX to 570-389-0126 or mail to
SelfHEAL Inc., 104 Guy's Lane, Bloomsburg, PA 17815
Questions? 1-800-553-6778

Order Oral Ivy by the Bottle:

Number of bottles _____ x \$14.95/bottle.....\$ _____
6% sales tax on orders shipped to Pennsylvania only\$ _____
Subtotal.....\$ _____

Calculate Shipping Charges (Please see shipping methods below):

Number of bottles _____ x \$1.95/bottle \$ _____

TOTAL AMOUNT ENCLOSED.....\$ _____

Order Oral Ivy by the Case of 12 for a 10% Discount:

Number of Cases _____ x \$161.40/case\$ _____
6% sales tax on orders shipped to Pennsylvania only\$ _____
Subtotal.....\$ _____

Calculate Shipping Charges (Please see shipping methods below):

Number of Cases _____ x \$9.95/case \$ _____

TOTAL AMOUNT ENCLOSED.....\$ _____

Shipping Method: 1st class mail or UPS ground
Expedited delivery available only for telephone and fax orders.

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE _____ ZIP CODE _____

PHONE NUMBER (_____) _____ EMAIL _____

CHECK ENCLOSED - PAYABLE TO SelfHEAL, Inc.

VISA MASTERCARD DISCOVER

ACCOUNT NO. _____ EXP. DATE: _____

SIGNATURE: _____
