Fax #: 281-655-9356 CWA Phone # 281-655-WELL

Name: _____ Date:_____

Please write or type legibly. Please fill out the **entire** page so that we are able to get the supplements to you in the manner you requested and as soon as possible!

Quantity	Supplement/Product Name (Be descriptive: brand, liquid or caps etc...)

Please CIRCLE the manner in which you would like to receive your items.

Pick up in office Pick up in atrium Ship to address below

Please write your contact number in case we have questions_____

If you chose shipping, confirm the full shipping address that you would like it shipped to

_____

☐ Yes, I would like to use my credit card on file.

☐ Please use this credit card #_____exp:___/___ code_____

☐ Other form of payment, please call.

Any additional information or instructions?_____

_____

Thank you so much for your order!