HOLISTIC HEALTH
INTERNATIONAL, LLC

MAIL-IN ORDER FORM

Or Order online at **www.HOLISTICHEAL.com**
Call Toll-Free – **1-800-768-8744**
Customer Service Hours: Mon-Friday – 10 am to 5 pm

Please fill out all of the information below:

Date: _____

Shipping Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country_____

Daytime Phone: ( ) _____

Email_____

Password_____
(Previously used)

Cardholders Address (If different from shipping)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country_____

Daytime Phone: ( ) _____

Payment type:
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover (☐ Check/Money Order-please log onto site and use our shipping quote feature)

Your card number (all digits please)

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Your credit card will be charged only for merchandise shipped including shipping and handling fees.

___ ___ - ___ ___
Expiration Date Month/Year

____ ____ ____ ____
Security Code

***Prices are subject to change or correction without notice.**

SKU #	*Product Name*	*Qty*	*Price*	*Total*

If you need more products print a second sheet and send with this one.

Total order without shipping cost = ☐

Please select what type of shipping you would like:

☐ Least Expensive Shipping Option
☐ Fed Ex Priority Overnight
☐ Fed Ex Standard Overnight
☐ Fed Ex 2nd Day
☐ Fed Ex Saver (three day)
☐ Fed Ex Ground
☐ USPS if under 4 pounds
☐ Fed Ex International
☐ USPS Global Express International

Print Name_____

Signature_____

By Signing here you agree to the terms and conditions on site

Email , Fax or Mail your order to our office:

Email : scott@holistichealth.com

Fax : 207-824-0975

Mail : Holistic Health International, LLC, Orders Department,
279 Walkers Mills Road, Bethel, ME 04217

Shipping cost will be added to your order total.
Thank you for your order!