• Printout Order Form •

Mail to:

Simmons Natural Bodycare • 42295 Hwy. 36 • Bridgeville, Ca. 95526

Remember to enclose payment: check, money order or credit information

Ordered By / Billing Address:

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Daytime Phone: _____ E Mail: _____

Shipping Address (if different from Billing. Street Address for U.P.S):

Name: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Daytime Phone: _____

Preferred shipping method (Please check one): Best Way ____ U.P.S.____ Priority Mail _____

Qty.	Description	Size	$ Each	Total _____

* Use another sheet of paper if needed *

Subtotal:	_____
Calif. Residents – 7.25%tax:	_____
Shipping/Handling:	_____
+ Past Due/- Credit:	_____
Total Enclosed:	_____

see shipping chart on mail order page

Method of Payment:

Check ___ Money Order ___

Visa ___ Discover ___ MasterCard ___

Card Number: _____

Expiration Date: _____

Signature: _____