



VASOPRO FIRST TIME BUYER FORM

This form must be filled out for first time Vasopro customers. Once we have your form and copy of driver license on file, you will not be required to re-submit the form for future orders unless regulations change.

Instructions:

1. Complete the form in its entirety. Any information missing, your order cannot be processed.
2. Print the entire form and sign with the credit card holder's signature on the line.
3. Include a photocopy of your Driver License or State ID Card.
4. Fax the form to us to have your order ship. Fax to: **626-810-6618**

I, _____, hereby authorize VitaMaker.com to process and charge my credit card for the purchase.

Cardholder's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Phone Number: _____

Driver License or State ID Card Number: _____

One form of identification must be sent.

Please attach a copy of your Driver License or State ID Card here.

Please attach a copy of your Personal ID here.
For example: Passport

As the credit card holder, I certify that I am 18 years of age or older. By completing this form you are acknowledging that information you supplied is correct.

Cardholder's Signature

Date