

VISIVITE® ORDER SHEET



4 Easy Ways to Order:

1. On the Web at **VisiVite.Com**.
2. **Fax** this page with your credit card information to 1-631-980-4034.
3. **Mail** this page with your check or credit card information to:
Vitamin Science Inc, PO Box 1128, Huntington, NY 11743.
4. **Call Toll-Free 1-877-880-5251**. Credit card information required.

Please check (✓) your selection(s) in the boxes below:

GET FREE SHIPPING FOR LIFE!

With *Sight For Life Subscription Service*

- Order a 3-month supply of your preferred VisiVite® Ocular Nutritional Formula.
- **As an extra bonus, get a FREE 3-month supply of Co-Defense Multivitamin Tablets.**
- No need to remember to reorder! Your order arrives automatically every three months.
- Cancel or postpone at any time. Available in USA only.

	1 Month Trial	3 Months	6 Months	Sight For Life Auto-Shipment	Amount
MACULAR VITAMINS					
VisiVite AREDS 2 PLUS+ Gold	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	
VisiVite AREDS 2 Select	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$71.85	<input type="checkbox"/> \$125.70	<input type="checkbox"/> \$71.85	
VisiVite AREDS 2 E-Free Blue	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	
VisiVite AREDS 2 White Zinc-Free	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$71.85	<input type="checkbox"/> \$125.70	<input type="checkbox"/> \$71.85	
VisiVite Gold/ProDHA-1000 Combo	<input type="checkbox"/> \$54.95	<input type="checkbox"/> \$164.85	<input type="checkbox"/> \$311.70	<input type="checkbox"/> \$149.85	
VisiVite Select/ProDHA-1000 Combo	<input type="checkbox"/> \$49.95	<input type="checkbox"/> \$149.85	<input type="checkbox"/> \$281.70	<input type="checkbox"/> \$119.85	
VisiVite Lutein+	<input type="checkbox"/> \$17.95	<input type="checkbox"/> \$53.85	<input type="checkbox"/> \$89.70	<input type="checkbox"/> \$53.85	
VisiVite AREDS Alpha	<input type="checkbox"/> \$13.95	<input type="checkbox"/> \$41.85	<input type="checkbox"/> \$71.70	<input type="checkbox"/> \$41.85	
EYE SUPPORT FORMULAS					
Dry Eye Relief TG-1000	<input type="checkbox"/> \$44.95	<input type="checkbox"/> \$134.85	<input type="checkbox"/> \$257.70	<input type="checkbox"/> \$134.85	
VisiVite Balanced Ocular Support	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	
R.B.I. Vision Performance	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$71.85	<input type="checkbox"/> \$125.70	<input type="checkbox"/> \$71.85	
Reziva Resveratrol	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	

SHIPPING ADDRESS (U.S.A. Addresses Only)

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____

BILLING ADDRESS same as shipping address

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____

Subtotal:

Add \$5.00 Shipping:
(FREE SHIPPING with 6 month's supply or *Sight For Life* Auto-Delivery)

TOTAL:

Method of Payment

Personal Check or Money Order
(Payable to Vitamin Science, Inc.)

Credit Card. We accept:



Customers who join the *Sight for Life* program must provide credit card for future autodelivery payments.

														Exp. Date				
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Signature: _____

Vitamin Science, Inc.

PO BOX 1128, Huntington, NY 11743

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