

# VISIVITE® ORDER SHEET



VisiVite.com

## 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.

### 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.

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

	1 Month Trial	3 Months	6 Months	<i>Sight For Life</i> Auto-Shipment	Amount
<b>MACULAR VITAMINS</b>					
VisiVite AREDS2 PLUS+ Gold	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	
VisiVite AREDS2 Silver	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$71.85	<input type="checkbox"/> \$125.70	<input type="checkbox"/> \$71.85	
VisiVite AREDS2 Red	<input type="checkbox"/> \$23.95	<input type="checkbox"/> \$71.85	<input type="checkbox"/> \$125.70	<input type="checkbox"/> \$71.85	
VisiVite AREDS2 Blue E-Free	<input type="checkbox"/> \$29.95	<input type="checkbox"/> \$89.85	<input type="checkbox"/> \$161.70	<input type="checkbox"/> \$89.85	
VisiVite AREDS2 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 Silver/ProDHA-1000 Combo	<input type="checkbox"/> \$49.95	<input type="checkbox"/> \$149.85	<input type="checkbox"/> \$281.70	<input type="checkbox"/> \$119.85	
VisiVite Red/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 (former Smokers)	<input type="checkbox"/> \$17.95	<input type="checkbox"/> \$53.85	<input type="checkbox"/> \$89.70	<input type="checkbox"/> \$53.85	
<b>EYE SUPPORT FORMULAS</b>					
Dry Eye Relief	<input type="checkbox"/> \$39.95	<input type="checkbox"/> \$119.85	<input type="checkbox"/> \$209.70	<input type="checkbox"/> \$119.85	
VisiVite Balanced	<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"/> \$49.95	<input type="checkbox"/> \$149.85	<input type="checkbox"/> \$269.70	<input type="checkbox"/> \$149.85	
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.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Exp. Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature: \_\_\_\_\_

Vitamin Science, Inc.

PO BOX 1128, Huntington, NY 11743

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