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:

SAVE 10% with FREE SHIPPING

With *Autoship Subscription Service*

- Order your preferred VisiVite® Nutritional Formula
- **Autoship saves 10%**
- **Order 4 - SAVE MORE and get FREE SHIPPING.**
- Your order arrives automatically.
- Cancel or postpone at any time. Available in USA only.
- **Autoship Orders Call: 1-800-427-7660 Ext 2**

	1 Month Bottle	1 Month Autoship	4 Months	4 Month Autoship	Amount
MACULAR VITAMINS					
VisiVite AREDS 2 PLUS+ Gold	☐ $29.95	☐ $26.95	☐ $115.80	☐ $104.20	
VisiVite AREDS 2 Select	☐ $23.95	☐ $21.55	☐ $91.80	☐ $82.60	
VisiVite AREDS 2 E-Free Blue	☐ $29.95	☐ $26.95	☐ $115.80	☐ $104.20	
VisiVite AREDS 2 Zinc-Free White	☐ $23.95	☐ $21.55	☐ $91.80	☐ $82.60	
VisiVite Gold/ProDHA-1000 Combo	☐ $54.95	☐ $49.45	☐ $215.80	☐ $194.20	
VisiVite Select/ProDHA-1000 Combo	☐ $49.95	☐ $44.95	☐ $195.80	☐ $176.20	
VisiVite White/ProDHA-1000 Combo	☐ $49.95	☐ $44.95	☐ $195.80	☐ $176.20	
VisiVite Super Lutein 444	☐ $23.95	☐ $21.55	☐ $91.80	☐ $82.60	
VisiVite NightSight	☐ $23.95	☐ $21.55	☐ $91.80	☐ $82.60	
EYE SUPPORT FORMULAS					
VisiVite Dry Eye Relief TG-1000	☐ $44.95	☐ $40.45	☐ $175.80	☐ $158.20	
VisiVite Quench TG-1000	☐ $29.95	☐ $26.95	☐ $115.80	☐ $104.20	
VisiVite Balanced Ocular Support	☐ $29.95	☐ $26.95	☐ $115.80	☐ $104.20	
Reziva Resveratrol	☐ $29.95	☐ $26.95	☐ $115.80	☐ $104.20	

Subtotal:	
Add $5.00 Shipping: (FREE SHIPPING with 4-month supply or 4-month Autoship Subscription)	
TOTAL:	

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: _____

Method of Payment

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

☐ **Credit Card. We accept:**

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

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

Exp. Date | | | | |

Signature: _____

Vitamin Science, Inc.
PO BOX 1128, Huntington, NY 11743
TOLL-FREE: 1-877-880-5251 • FAX: 1-631-980-4034