

Printable Order Form



Please send orders to:

20687-2 Amar Rd. #258

Walnut CA 91789

Email: sales@vitadigest.com

BILL TO:	SHIP TO:
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
Zip: _____	Zip: _____
Daytime Phone: _____	Daytime Phone: _____
Email Address: _____	Email Address: _____

PRODUCT #	DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE

Payment Type: <input type="checkbox"/> CASHIER CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> PERSONAL CHECK	Please charge my: <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Sub Total</td><td> </td></tr> <tr><td style="text-align: right;">CA Sales Tax (8.25%)</td><td> </td></tr> <tr><td style="text-align: right;">Shipping</td><td> </td></tr> <tr><td style="text-align: right;">TOTAL</td><td> </td></tr> </table>	Sub Total		CA Sales Tax (8.25%)		Shipping		TOTAL	
Sub Total										
CA Sales Tax (8.25%)										
Shipping										
TOTAL										

I hereby authorize you to charge my credit card as payment for the above described merchandise:

Name on Card: _____

Credit Card Number: _____

Exp Date (ex. 01/2008): _____

Cardholder's Signature: _____ Date: _____

Comments: