

Name \_\_\_\_\_

Type of Practice (CMT, DC, DCM, DDS, MD, ND, Pharmacy...) \_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

FAX \_\_\_\_\_

E-mail \_\_\_\_\_

**Credit or Debit Only. Amex, MC, Visa - No Discover Cards**

Primary Card # \_\_\_\_\_

EXP \_\_\_\_\_ V code \_\_\_\_\_ (3 digit number on back of card, Amex 4 digit on front)

Name on card \_\_\_\_\_

Credit card billing address/House Number (no street, city or state needed) \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

**Please give a secondary credit card; to be used if the primary card is declined otherwise your order will be put on hold.**

Secondary Card # \_\_\_\_\_

EXP \_\_\_\_\_ V code \_\_\_\_\_

Name on card \_\_\_\_\_

Credit card billing address/House Number (no street, city or state needed) \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

*If your business is subject to California sales tax, please fax us your resale license.*