

## SPECIAL FORMULA REQUEST FORM

PHONE: 1.800.333.4372 // 949.587.1238 FAX: 1.800.557.1260 // 949.587.1260 order@sunten.com

DATE:_	/	/	
TIME:			

order@sunten.com					
CUSTOMER NUMBER:	SHIP TO: Practitioner Patient				
CUSTOMER: NEW EXISTING					
PRACTITIONER LICENSE NUMBER:					
CUSTOMER NAME:	Ground 2nd Day 3 Day				
CUSTOMER PHONE:	Overnight US Mail Pick up				
METHOD OF PAYMENT	SPECIAL INSTRUCTIONS:				
NET 30 COD Visa/MC/Disc/Amex	O Price quote only				
Credit Card No	Granules (100 gm/bottle), quantity				
Exp CCV#	Capsules (100 caps/bottle, min. of 4), quantity				

ITEM NO.	DESCRIPTION / PIN YIN	QUANTITY (gm)	ITEM NO.	DESCRIPTION / PIN YIN	QUANTITY (gm)

## Please read carefully and sign,

We will proceed with this Special Formula(s) order according to your request. The practitioner accepts full responsibility for the safe and proper use of the product. Sun Ten Laboratories does not guarantee any health claim(s) made by the practitioner. **Special Formula orders are not returnable.** All cost incurred in production are the responsibility of the practitioner.

SIGNATURE:	 DATE:	

SALES ORDER	OFFICE USE ONLY		
	Date received	Time	Ву