

# XOMAX ORDERING FORM / FAX OR MAIL USE ONLY

BILLING INFORMATION		
Billing Name: _____		
Address: _____ _____		
City: _____	Zip: _____	State: _____
Phone: _____		
Email: _____		

SHIPPING INFORMATION		
Ship To: _____		
Address: _____ _____		
City: _____	Zip: _____	State: _____
Phone: _____		
Email: _____		

Description	Unit Price (USD)	Description	Price
<b>XOMAX 1 YEAR SUPPLY</b> <i>Buy 5 Bottles and Get 7 FREE</i>	\$299.95	12 Bottles	
<b>XOMAX 6 MONTH SUPPLY</b> <i>Buy 3 Bottles and Get 3 FREE</i>	\$179.97	6 Bottles	
<b>XOMAX 3 MONTH SUPPLY</b> <i>Buy 2 Bottles and Get 1 FREE</i>	\$119.98	3 Bottles	
<b>XOMAX 1 MONTH SUPPLY STARTER PACKAGE</b>	\$59.95	1 Bottles	
		<b>Shipping Charges - Choose One</b>	
		Next Day - \$39.99	
		2-3 Day - \$19.99	
		Standard shipping - \$9.99	
		<b>TOTAL</b>	

Payment Method: ( **Make Check / Money Order Payable to: Nutritional Science Laboratories** )

CHECK      CASH      MONEY ORDER


VISA      MASTERCARD      DISCOVER      AMERICAN EXPRESS

Credit Card Number: \_\_\_\_\_


Expiration Date: \_\_\_\_ / \_\_\_\_      CVV2 Number: \_\_\_\_\_ (CVV2 Number?) "See Example Below"

Exact Name as it Appears on Card: \_\_\_\_\_

Signature as it Appears on Card: \_\_\_\_\_



4 Digit Card Verification Number



LAST 3 DIGITS OF ACCOUNT NUMBER PANEL

**ORDERING BY FAX: Send to - (239) 643-2356**

**ORDERING BY MAIL: Send to - NSL PO Box 11269 Naples, Florida 34101**