

Please Print This Form

**HEALTHNET PRODUCTS INC.**

Box 27007, Willow Park P.O., Kelowna, B.C., Canada, V1X 7L7

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Fax: (250) 491-0520  
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**HEALTHNET PRODUCTS INC. ORDER FORM**

Fax, Mail, or E-Mail THIS COMPLETED FORM TO THE ABOVE ADDRESS.

**CUSTOMER NAME:** \_\_\_\_\_

Address (No PO Boxes) \_\_\_\_\_ City \_\_\_\_\_

Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Ship to: (if different from the above) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

QUANTITY	PRODUCT DESCRIPTION		PRICE	AMOUNT
1 Bottle	LONGEVITY Q - 100	shipping cost - \$8.00*	\$ 49.95/bottle	
Min.3 Bottles	LONGEVITY Q - 100	<b>FREE SHIPPING*</b>	\$ 49.95/bottle	
12 Bottles	LONGEVITY Q - 100	<b>FREE SHIPPING*</b>	\$ 480.00/Dozen	
		* In Canada and U.S.		
		SHIPPING COST		
		SUB-TOTAL		
		G.S.T. (5%) (#87910 4511)		
		<b>TOTAL</b>		

**CREDIT CARD PAYMENT**

Name as it appears on the card: \_\_\_\_\_ VISA:  M/C:

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Print Name: \_\_\_\_\_

**NOTE: CONTACT US IF YOU WANT TO SIGN UP FOR OUR 'AUTO-SHIP' PROGRAM.**