|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QTY EACH** | | **IMAGE** | **PRODUCT NUMBER UPC 12** | **NAME** | **WHOLESALE PRICE** | **TOTAL** |
|  | |  | 8904092314002 | Longevity  60 Gel-Capsules | $19.97 |  |
|  | |  | 8904092314033 | Omegas  60 Gel-Capsules | $10.53 |  |
|  | |  | 8904092314019 | Immunity  60 Gel-Capsules | $19.97 |  |
|  | |  | 8904092314026 | Detox  60 Gel-Capsules | $34.97 |  |
|  | |  | 8904092314088 | Chemo Detox  60 Gel-Capsules | $54.97 |  |
|  | |  | 8904092314095 | Onco Care  60 Gel-Capsules | $66.06 |  |
|  | |  | 8904092314507 | Pain Care  60 Gel-Capsules | $14.41 |  |
| **Total:** |  | | | | **Total:** | |





www.ElimaySupplements.com

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Order Form



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Order Form

I hereby authorize Elimay Supplements to bill my credit card for the goods purchased.

Business Information

Name of Business: Telephone:

Business Address: City: State: Zip:

Veterinarian Name: Email:

Order Placed By

Name: Title:

Credit Card Information

Payment Method (please circle): VISA MASTER CARD CHECK BILL MY ACCOUNT

Name on Credit Card:

Credit Card Number: Expires: Security Code:

Billing Address: City: State: Zip:

**Sales taxes are not charged to wholesale buyers/vendors. A wholesale buyer/vendor engaged in making retails sales are expected to subject buyers to a sales tax at the fixed location when selling products to the end consumer. Wholesale buyers/vendors are to send the added tax to their local government appropriately.**

Customers Account Number Direct Bill:

Customers Signature: Date:

**Fax Order To: Attention Laura Riehl : (317) 713-2950 • Elimay Customer Service: 1-855-440-3582**



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