

Supplement Order Form

Staff Only Called on: _____ Left message on: _____

Name _____ Date _____ Phone number _____

We will call you as soon as your full order is in.

We will hold your products for 30 days after you are notified that your order is 0 in. After that they will be placed back on the shelf. If you do not pick up your special order products we will not order for you in the future.

****If we do not have enough information to identify the product you want, we will not order the product.**

Example: Company Integrative Product CoQ10 chocolate flavor Dosage (mg) 200mg Bottle size 90 caps Quantity of bottles 1

- Company _____ Product _____ Dosage _____ Bottle size _____ Qty of bottles _____
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Orders are placed on the first Wednesday of every month. All order must be turned in by 6:00pm Monday or they will not be processed for Wednesday's order.

2020 Order Dates: Nov 4 (turn in by Nov 2) Dec 4 (turn in by Nov 30) Jan 6 (turn in by Jan 4)

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Supplement Order Form (page 2)

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