

DATE: _____

SHIP TO:		BILL TO: (name and address on credit card)		
Company:		Company:		
Mr./Ms.		Mr./Ms.		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Phone:		Phone:		
E-Mail:				
Purchase Order# :				
Comments/Shipping Instructions				
QTY.	ITEM	COLOR	PRICE	TOTAL
PAYMENT INFORMATION		MERCHANDISE TOTAL:		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		IL Residents add 9.25% Sales Tax:		
CC# _____		Shipping & Handling: (Add \$9.95 for orders less than \$100)		
EXP. DATE _____ CVV# _____		ORDER TOTAL:		
For electronic check processing, please complete the following information; Check # _____ Fed# _____		Invoice# (for office use only)		
Bank Name _____				
Band Address _____		Drop Ship P.O. (for office use only)		
Routing# _____				
Account# _____				
<p>Please fax your order form to 847-470-1686 - or mail to: Pure n Natural Systems, Inc., P.O. Box 1137, Streamwood, IL 60107 Include check or money order made payable to Pure n Natural Systems, Inc. Toll-Free Customer Service – 1-800-237-9199</p>				