101 West 5th Avenue
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RELAXUS Cart

AROMATHERAPY HERBALS ORDER FORM

Date ____ / ____ / ____
(MM / DD / YY)

ORDERED BY

Contact Name _____

Company _____

Address _____

City _____ **Prov/State** _____ **Postal/Zip Code** _____

Country _____

Phone # _____ **E-mail** _____

DELIVER TO

☐ ***Check this box if information same as above***

Residential Delivery: ☐ ***Business District Delivery:*** ☐

Contact Name _____

Company _____

Address _____

City _____ **Prov/State** _____ **Postal/Zip Code** _____

Country _____

Phone # _____ **E-mail** _____

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT

PAYMENT

○ **Cheque** ***payable to*** _____

○ **American Express** ○ **Mastercard** ○ **Visa**

Cardholder Name _____

Card Number | | | | | | | | | | | | | | | | |

Date ____ / ____
(MM / YY)

SUBTOTAL	
GRAND TOTAL	

Authorized signature of card holder who agrees and accepts all charges by Relaxus on this credit card for purchases including shipping ordered by customer as listed above.

x _____

INTERNAL USE ONLY

Order Completed:	
Ship Date:	