

Order Form

Name		Ship to: (if it's different- no P.O Boxes)	
Address		Address	
City	State	City	State
Zip Code	Country	Zip Code	Country
Phone	Fax	Phone	Fax
E-mail		E-mail	

	SUPPLEMENTS	QUANTITY	PRICE	TOTAL
	Poly-MVA (8oz)			
	Poly-MVA (4oz)			
	Poly-MVA for Pets (8oz)			
	Poly-MVA for Pets (4oz)			
	Liver Support Detoxifier (90 caps) \$15.95			
	Coral Calcium Supreme (90 caps) \$15.95			
	Vitamin D3 (90 Veg caps) \$14.95			
	LiqSorb Coenzyme Q10 (30ml) \$24.95 or (170ml) \$114.95			
	Q-Gel Co-enzyme Q10 (30mg/90 softgel) \$34.95			

Subtotal

UPS Shipping	Next day	2 nd day	3 rd day	Ground	Worldship International
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Payment Check/ Money order CK # _____ *Credit Card

Recurring Order	Date to ship order _____ <small>(if the date falls on a weekend or holiday ship on the next business day)</small>
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“THE PRIMARY DISTRIBUTOR OF POLY-MVA”

CHARGE CARD AUTHORIZATION FORM

In order for us to accept and bill your charge card, please complete all fields, sign, date, and fax this form to 619 447 6501 or return via mail to AMARC Enterprises, Inc. at 1339 Broadway El Cajon, Ca 92021

Please provide the following information in connection with your order. All information kept on file is strictly confidential.

Contact/Billing Information: (as shown on charge card)

Cardholder Name: _____

Company: _____

Address: _____

City _____ State _____ Zip/Postal: _____

Country: _____ Phone: _____

Card Type: Visa MasterCard American Express Discover

Charge Card No.: _____ Exp. Date: _____

Security CARD CODE or CVV2 number: _____ Amount (U.S. Dollars): \$ _____

Driver License # _____

One -Time Billing: I hereby authorize AMARC Enterprises Inc. to charge my credit card for my product order. This is a one-time charge authorization. I am not authorizing AMARC to setup my account within a recurring billing system. I understand that if I wish AMARC to charge any balances to my charge card in the future, I will need to submit another authorization form at that time or choose the selection below.

Recurring Billing: I hereby authorize AMARC to charge my credit card for my product orders on a recurring basis. I agree that this is a periodic charge that will be made according to my billing cycle, and that to terminate the recurring billing process, I must notify AMARC in writing of my intent to terminate at least thirty (30) calendar days prior to my monthly billing date with AMARC, otherwise, I will be automatically be billed for the following period.

Authorization: I hereby authorize AMARC to charge the credit card indicated above. If the recurring billing option was selected, I agree not to dispute AMARC’s recurring billing with my charge card issuer, as long as the amount in question was for products rendered prior to the effective termination date. I agree that I will not dispute any charges from AMARC unless I have already attempted to rectify the situation directly with AMARC in good faith and those attempts have failed. I certify that I am the legal cardholder for this charge card, and that I am legally authorized to enter into this one-time or recurring billing agreement with AMARC Enterprises Inc.

Signature of Card Holder: _____ Date: _____

PLEASE PROVIDE PHOTOCOPY OF DRIVERS LICENSE AND FRONT & BACK OF CREDIT CARD