SUN TEN LABORATORIES
順天堂

SPECIAL FORMULA REQUEST FORM

PHONE: 1.800.333.4372 // 949.587.1238
FAX: 1.800.557.1260 // 949.587.1260
order@sunten.com

DATE: ___/___/___

TIME:

CUSTOMER NUMBER: _____

CUSTOMER: ◯ NEW ◯ EXISTING

PRACTITIONER LICENSE NUMBER: _____

CUSTOMER NAME: _____

CUSTOMER PHONE: _____

SHIP TO: ◯ Practitioner ◯ Patient

_____

_____

_____

◯ Ground ◯ 2nd Day ◯ 3 Day

◯ Overnight ◯ US Mail ◯ Pick up

METHOD OF PAYMENT

◯ NET 30 ◯ COD Visa/MC/Disc/Amex

Credit Card No. _____

Exp. ___/___ CCV# _____

SPECIAL INSTRUCTIONS:

◯ Price quote only

◯ Granules (100 gm/bottle), quantity _____

◯ Capsules (100 caps/bottle, min. of 4), quantity _____

ITEM NO.	DESCRIPTION / PIN YIN	QUANTITY (gm)

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Please read carefully and sign,

We will proceed with this Special Formula(s) order according to your request. The practitioner accepts full responsibility for the safe and proper use of the product. Sun Ten Laboratories does not guarantee any health claim(s) made by the practitioner. **Special Formula orders are not returnable.** All cost incurred in production are the responsibility of the practitioner.

SIGNATURE: _____ **DATE:** _____

SALES ORDER

OFFICE USE ONLY

Date received Time By