

Antiox Order Form

I agree to consult with my physician before taking these supplements
No orders will be filled without this Agreement. Please be sure to place an X above.

Detox Antioxidants + Ultimate Antioxidants low dosing 1/3x/day high dosing 2/3x/day

Two Month Supply at low dosing OR 1 month supply at high dosing
(3 Detox Antiox + 2 Ultimate Antiox) \$137.00

4 Month Supply at low dosing OR 2 month supply at high dosing
(6 Detox Antiox + 4 Ultimate Antiox) \$267.00 SAVE \$37.00

6 Month Supply at low dosing OR 3 month supply at high dosing
(9 Detox Antiox + 6 Ultimate Antiox) \$367.00 SAVE \$69.00

Please automatically ship me a new supply as indicated above once every:

Month **2 months** **4 months** **6 months (you may cancel at any time)**

FREE DELIVERY via UPS GROUND

I prefer **UPS Next Day delivery** (Shipping charges will be added to your invoice)
Sales tax will be added for all California deliveries

Credit Card Authorization (Your private information is secure and will never be shared)

Name (Printed) _____ Email _____

Credit Card Information: VISA MasterCard American Express

Credit Card Account#: _____

Cardholder's Name as it appears on card: _____

Security Code: 3 digit code on the back of MC or Visa or 4 digit code found on front of American Express cards

Security Code # _____ Expiration Date: Month _____ Year _____

Complete Billing Address: _____

City _____ State _____ Zip Code _____ Telephone: _____

Shipping address: Same as above billing address OR

Name _____

Street _____

City _____ State _____ Zip Code _____ Telephone: _____

I authorize Doctor Nalini to charge the above listed credit card as indicated by my signature below:

Cardholder's Signature

Date

****FAX your order to 424-280-3014 or email to orders@purebodysystems.com****

Office use only: Authorized by telephone Authorized by email Received via FAX | Date: _____ Initials: _____

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