

ORDER FORM

BILLTO:			
Name:	Telephone: _		
Organization:	Fax:		
Address:	City:		
Address:	State:	Zi	p Code:
E-mail:			
Please include your e-mail address for notificat "Yes, I would like to receive emails about the FREE NuBites Tipsh	:ion of shipment. neets and NEW nutri!	tion education mate	erials."
SHIP TO: same as billing address			
Name:	Telephone: _		
Organization:	Fax:		
Address:	City:		
Address:	State:	Zip Code:	
Quantity Code Number Name of Product		Item P	rice Total Cost
SHIPPING AND HANDLING:		Subtotal:	
Orders up to \$25 Add \$7.50 Orders \$1,000 - \$1,999 Add	d 0%	Shipping & Handling:	
Orders \$25 - \$75Add \$15.00 Orders \$2,000 - 2,999 Add	d 8%	TOTAL:	
Orders \$76 - \$199	d 7%	IOIAL:	
Orders \$700 - \$999 Add 10%	~ ^ ^ _	Mail	rder to:
— For orders to Alaska, Hawaii, US Territories or International call for pricing.	Woo		latters, Inc.
PAYMENT METHOD:	We can provide a free, to obligation.		stow St, Suite I e, WI 54703
Check (payable to Nutrition Matters, Inc.)	quote.		715.855.0129
Purchase Order #	or call us at		order to:
Credit Card (MasterCard, Visa or American Express)	030-5575		natters.com
Card Number:			: 715.831.1822 38.356.5575
Exp. Date: CVC (Card Verification Code):		or order	online at
Signature: Date:		www.num	atters.com
ORDERFORM2022	The	unk von for	