VitalityCheck®
eat right, be active, sleep well

ORDER FORM

DATE: _____

P.O. # : _____

BILL TO

Name: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

SHIP TO

Name: _____

Company Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

SHIPPING METHOD	SHIPPING NUMBER	DUE DATE

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
		SUBTOTAL	
		SALES TAX	
		TOTAL	

Payment Options

☐ Check or money order enclosed, payable in U.S. dollars to VitalityCheck.

☐ Bill my organization. Purchase order # _____

Charge to: ☐ Visa ☐ Mastercard

Credit Card # ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Exp. Date: _____/_____

CVV (Card Verification Value) _____ enter the 3 digit non-embossed number found on the back of your credit card printed with the signature panel after the account number.

Signature Required: _____ Date: _____

Please Print Name: _____

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