VITAMARK INTERNATIONAL
13430 NORTHWEST FREEWAY,
SUITE 290 HOUSTON TX 77040
(281) 220-1240
WWW.VITAMARK.COM

Product Order Form

Billing Information

FIRST NAME	LAST NAME	
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS	AFFILIATE ID	
TELEPHONE ( )	FAX NUMBER ( )	

Shipping Address (If Different)

FIRST NAME	LAST NAME	
ADDRESS		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS	AFFILIATE ID	
TELEPHONE ( )	FAX NUMBER ( )	

MAIL THIS ORDER TO VITAMARK AT:
13430 Northwest Freeway, Suite 290
Houston, TX 77040

OR FAX IT TO:
(832) 201-7517

OR VISIT US ONLINE AT:
www.vitamark.com

Payment Information

American Express/MasterCard/Visa/Discover-Novus/Other*

CREDIT CARD NUMBER _____ EXPIRATION DATE ___/___

*If you are paying by Personal Check, Money Order or Cashiers Check you must mail in your order.

AUTHORIZED SIGNATURE _____ DATE

ITEM #	DESCRIPTION	BP	QUANTITY	UNIT PRICE	TOTAL PRICE

Product Subtotal	
Shipping*	
Handling	$2.00
Total	

*Shipping Costs: If paying by check, add 10%. If paying by credit card, Vitamark will charge actual shipping.

☐ Check here if this is a one-time order.

☐ Check here to make this your standing AutoShip order, then indicate the frequency of shipments you would like and the starting date.

EVERY: ☐ **WEEK** ☐ **2 WEEKS** ☐ **3 WEEKS** ☐ **4 WEEKS**

STARTING DATE: _____
(Your starting date must be a Monday - all AutoShips run on Mondays)

AUTOSHIP AGREEMENT

1. I authorize Vitamark International to charge my credit card for the amount indicated on my autoship order form on the week or weeks noted.

2. I am responsible to make sure that funds are available on my credit card for the week or weeks indicated for withdrawal.

3. I understand that any changes will need to be received in the office the week prior to the scheduled withdrawal.