



“THE PRIMARY DISTRIBUTOR OF POLY-MVA”

Order Form

Customer Information

Name: _____

Address _____

City _____ State _____ Zip code _____ Country _____

PH # _____ FX# _____ E-mail _____

Shipping Information

Ship to (if it's different) _____

Shipping address (no P.O. Boxes) _____

City _____ State _____ Zip code _____ Country _____

Order

SUPPLEMENTS	QUANTITY	PRICE	TOTAL		
Pmva 8oz					
Pmva 4oz					
Polypet 8oz					
Polypet 4oz					
Coral Calcium					
Immuni-T2					
Liver Support					
LiQsorb					
Qgel					
SUBTOTAL					
Shipping options (UPS)	Next day	2 nd day	3 rd day	Ground	International
Method of Payment					
Check/ Money Order <input type="checkbox"/> CK# _____			* Credit Card <input type="checkbox"/>		

* If paying with credit card please fill the reverse form.



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CHARGE CARD AUTHORIZATION FORM

In order for us to accept and bill your charge card, please complete all fields, sign, date, and fax this form to 619 447 6501 or return via mail to AMARC Enterprises, Inc. at 1339 Broadway El Cajon, Ca 92021

Please provide the following information in connection with your order. All information kept on file is strictly confidential.

Contact/Billing Information: (as shown on charge card)

Cardholder Name: _____

Company: _____

Address: _____

City _____ State _____ Zip/Postal: _____

Country: _____ Phone: _____

Card Type: Visa MasterCard American Express Discover

Charge Card No.: _____ Exp. Date: _____

Security CARD CODE or CVV2 number: _____ Amount (U.S. Dollars): \$ _____

Driver License # _____

One -Time Billing: I hereby authorize AMARC Enterprises Inc. to charge my credit card for my product order. This is a one-time charge authorization. I am not authorizing AMARC to setup my account within a recurring billing system. I understand that if I wish AMARC to charge any balances to my charge card in the future, I will need to submit another authorization form at that time or choose the selection below.

Recurring Billing: I hereby authorize AMARC to charge my credit card for my product orders on a recurring basis. I agree that this is a periodic charge that will be made according to my billing cycle, and that to terminate the recurring billing process, I must notify AMARC in writing of my intent to terminate at least thirty (30) calendar days prior to my monthly billing date with AMARC, otherwise, I will be automatically be billed for the following period.

Authorization: I hereby authorize AMARC to charge the credit card indicated above. If the recurring billing option was selected, I agree not to dispute AMARC’s recurring billing with my charge card issuer, as long as the amount in question was for products rendered prior to the effective termination date. I agree that I will not dispute any charges from AMARC unless I have already attempted to rectify the situation directly with AMARC in good faith and those attempts have failed. I certify that I am the legal cardholder for this charge card, and that I am legally authorized to enter into this one-time or recurring billing agreement with AMARC Enterprises Inc.

Signature of Card Holder: _____ Date: _____

PLEASE PROVIDE PHOTOCOPY OF DRIVERS LICENSE AND FRONT & BACK OF CREDIT CARD