



DOMESTIC AND INTERNATIONAL FAX/MAIL ORDER FORM  
 249 James Jackson Avenue  
 Cary, NC 27513  
 Fax: 919-461-0499  
 Phone: 866-486-0421  
 Email: [Support@dtchealth.com](mailto:Support@dtchealth.com)

QTY	PRODUCT	PRICE	SUBTOTAL
	Flexicose™		
	Flexicose for Pets™		
	Vitaplen™		
Grand Subtotal			\$
U.S./Domestic S&H			FREE
International S&H (\$10.00 + \$2.00 ea. add.)			\$
NC Sales Tax (7.75 %) NC Residents Only			\$
GRAND TOTAL			\$

**Bill To:** Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Ship To:** (fill out only if different than Bill To address)  
 Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CREDIT/DEBIT CARD: VISA, MASTERCARD, DISCOVER, AMEX**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration date \_\_\_\_ - \_\_\_\_ CCV CODE: \_\_\_\_ (3 or 4 digits)

Signature \_\_\_\_\_

PRINT Cardholder's Name \_\_\_\_\_

\_\_\_\_ CHECK/MONEY ORDER IS ENCLOSED. CHECK NUMBER IS: \_\_\_\_\_