



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 %) 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: \_\_\_\_

Signature \_\_\_\_\_

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

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