



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)

#	PRODUCT (circle one)	PRICE	TOTAL
	Flexicose® FlexicosePlus®		
	Pet Flexicose® Pet FlexicosePlus®		
	Vitaplen®		
Sub-Total			\$
SHIPPING - USA ORDERS			FREE
SHIPPING - INTERNATIONAL			\$
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: \_\_\_\_\_