

# ORDERFORM

<i>Quantity</i>	<i>Product</i>	<i>Size</i>	<i>US \$</i>	<i>TOTAL</i>
	PLAQUEX™ ORAL	120 gel capsules	<b>34.50</b>	
	<b>Shipping &amp; Handling by Priority mail</b>			<b>22.--</b>
		<b>TOTAL</b>	<b>US\$</b>	

**Payment Information**

I agree to pay by:            **VISA**                            **Amex**                            **Mastercard**

Credit Card Nr.				Expiration

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

First Name

Last Name

Address

City

State

Zip Code

Phone

Fax

New Customer

Old Customer

E-mail address

**Fax order to: 001 305 361 8322**

**Visit our Website at: [www.biorica.biz](http://www.biorica.biz)**

**Thank you**