















Products	Quantity in box	Number of boxes	Total Items	Price per item	Total Amount
 Shoulder Pack	14				
 Neck Pack	15				
 Back Belt	15				
 Spine Pack	12				
 Herb Pack	20				
 Slippers	7				
 Thermo-Shoes	13				
 Lumbar Pack	48				
 Lavender Eye Cover	25				
 Mint Pillow	30				
 Lavender Heart	25				
 Blanket	8				
 Full Set	6				
 Ultimate Set	5				
 Upper Body Wrap	13				
 Knee Pack	12				
 Wrist Pack	20				

Mailing Address

Name

Company

Address

City, State, Zip

Phone #

Shipping Address *(if different)*

Name

Company

Address

City, State, Zip

Credit Card (Circle) VISA Mastercard Amex

Number:

Expiration Date CVCC # (on back of card)

Note

Signature: