QUALIHERB EAST

CUSTOM FORMULA ORDER FORM

Phone 888 884 8355
Fax this form to 413 282 1099 or
E-mail to orders@qualiherb.com

Name _____ Clinic Name _____

Account # _____ Telephone _____ Fax _____

Address _____ City _____ Date _____

State _____ Zip Code _____ E-mail _____

Shipping Method (circle one): Ground (default) 3-Day Select 2-Day Guaranteed Overnight

Credit card number _____ Expiration date _____

CVV2 (3-digit security code on back of card): _____ Signature _____

Format (*Circle One*): Powder *(100 grams)* or Capsules (90 cap bottles)
Order encapsulated formulas in multiples of four (e.g. 4, 8, 12 bottles).

# of Bottles*: _____
Custom Labeling Instructions (10 words max.) _____

Herb Name (Pinyin)	**Dosage**
	% or grams (*Circle One*)**

** Formulas given in % must add up to 100% or order will not be placed.