



Flexicose Mail/Fax Order Form

Mail to: DTC Health 30941 Mill Lane, Suite #G-288 Spanish Fort, AL 36527	Fax to: 1-866-486-0421 (faxes must include the 1)	Scan/Email to: support@dtchealth.com
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Questions? Do you want a custom automatic order? Call 866-486-0421 (M-F, 8AM - 4PM, CST)

FlexicosePlus Human Pet (circle one)	FlexicosePlus Human Pet (circle one)	Flexicose Human Pet (circle one)	Flexicose Human Pet (circle one)
One Bottle: \$29.95	1 Bottle Every Month: \$28.70	One Bottle: \$28.65	1 Bottle Every Month: \$27.40
Two Bottles: \$57.90	2 Bottles Every Month: \$55.90	Two Bottles: \$55.30	2 Bottles Every Month: \$52.80
Three Bottles: \$82.35	3 Bottles Every Month: \$79.85	Three Bottles: \$76.95	3 Bottles Every Month: \$73.95
Six Bottles: \$161.70	2 Bottles Every Two Months: \$55.90	Six Bottles: \$147.90	2 Bottles Every Two Months: \$52.80
Nine Bottles: \$233.55	3 Bottles Every Three Months: \$79.85	Nine Bottles: \$212.85	3 Bottles Every Three Months: \$73.95
Twelve Bottles: \$299.40	6 Bottles Every Six Months: \$156.00	Twelve Bottles: \$271.80	6 Bottles Every Six Months: \$146.90

Subtotal	
USA Shipping	FREE
AL Sales Tax (AL Residents Only: Add 9.5%)	
Can./Mex. S/H: \$13 + \$5 each addl. btl. (All Others: \$16 + \$8)	
Grand Total	

Checks/Money Orders Payable to: DTC Health

Billing Address:	Shipping Address: (if different than billing)
Full Name:	Telephone Number:
Email Address:	

CREDIT/DEBIT CARD: VISA, MASTERCARD, DISCOVER, AMEX

_____ - _____ - _____ - _____

Expiration date ____ - ____ CCV CODE: ____

Signature _____

PRINT Cardholder's Name _____