

# SeaAloe™ Order Form

SeaAloe, Inc.

P.O. Box 131657 Carlsbad, CA 92013-9002

Order line: 1-800-SEA-1150 option 1 Fax: 1-760-931-8293 www.mysealoe.com

DATE:

## CUSTOMER INFORMATION

BUSINESS NAME:			
LAST NAME:	FIRST NAME:	MI:	
SOCIAL SECURITY # / TAX ID #:	CUSTOMER ID #:	<input type="checkbox"/>	<input type="checkbox"/>
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:
SHIPPING ADDRESS:	CITY:	STATE:	ZIP CODE:
PRIMARY PHONE #:	SECONDARY PHONE#:	FAX #:	EMAIL:

## ORDER INFORMATION

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	SUBTOTAL
	01-0001	3-pack of Seasilver	\$100	
	02-0001	12-pack of Seasilver	\$300	
	01-0002	3-pack of Seasilver on autoship	\$100	
	02-0002	12-pack of Seasilver on autoship	\$300	
		Autoship Intervals: <input type="checkbox"/>		
		Every month <input type="checkbox"/>		
		Every other month <input type="checkbox"/>		
		Every third month <input type="checkbox"/>		
<b>* FREE SHIPPING &amp; HANDLING</b>			Subtotal	
SPONSOR NAME: Online Coral Calcium, Inc.			Local Tax (CA Residents Only)	
SPONSOR ID: 70050043			<b>AMOUNT DUE</b>	<b>\$</b>

## CREDIT CARD AUTHORIZATION

CARDHOLDERS LAST NAME:		CARDHOLDERS FIRST NAME:	
VISA <input type="checkbox"/>	MC <input type="checkbox"/>	DISC <input type="checkbox"/>	AMEX <input type="checkbox"/>
CREDIT CARD #	VERIFICATION CODE:	EXP. DATE:	
BILLING ADDRESS:	CITY:	STATE:	ZIP CODE:

## E-CHECK AUTHORIZATION

NAME OF BANK:	
ROUTING NUMBER:	CHECKING NUMBER:
ACCOUNT TYPE:	
CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>
BUSINESS CHECKING <input type="checkbox"/>	