



4987 Olivas Park Drive
 Ventura, CA 93003 U.S.A.
 Tel: (805)-676-1098 / Fax:(805) 654-0139

Order Form

| | | | |
|---|--|-------------------------------------|--|
| Date: | | Customer Purchase Order No.: | |
| Customer / Company: | | | |
| Shipping Address: | | | |
| | | | Residence location: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Order By / Contact Person: | | Tel: | |
| E-mail: | | Fax: | |
| Shipping Method: <input type="checkbox"/> UPS Ground <input type="checkbox"/> FedEx Ground | | Expected Delivery Date: | |
| Please provide UPS or FedEx account if freight term is collect: | | | |

| Quantity | Item # | Product Name | Packing Size (10/25kg) | F.O.B Unit Price / Kg | Line Total |
|---|--------|--------------|------------------------|-----------------------|------------|
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| | | | | \$ | \$ |
| Subtotal | | | | | \$ |
| CA Seller's Permit No.: _____ (If no Seller's permit; it is subject to sales tax 8.25%) | | | | | \$ |
| Sales Tax | | | | | \$ |
| Freight (If Applicable) | | | | | \$ |
| Handling Charge (If Applicable) | | | | | \$ |
| Total | | | | | \$ |

Payment Methods: Check (Please make the Check payable to : Novotech Nutraceuticals, Inc.)*
 Credit Cards (VISA or MASTER only) Type: VISA MASTER
 Card No.: _____ Exp Date _____/_____
 Name on the Credit Card: _____
 Your signature for authorization: _____ Date: _____
 Billing Address: _____
 (If different from shipping address)

* For a larger quantity order, please send your inquiry to Sales@novotechnutra.com , we can also send you a credit application

Thank you for your business! Please return Order Form via fax to (805)654-0139

Received / confirmed by Novotech _____

Novotech Nutraceuticals, Inc.

4987 Olivas Park Drive, Ventura, CA 93003 U.S.A E-mail: sales@novotechnutra.com
 Phone: (805)676-1098 Fax: (805)654-0139 www.novotechnutra.com