NATURES FORMULAE
HEALTH PRODUCTS LTD.

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CUSTOMER ORDER FORM

Customer Name: _____ **Account #** _____

Phone # _____ **Fax #** _____

Contact Name: _____

Item #	Product Description	Size	Price	Qty
		Total		

When calling in an order, to expedite the ordering process, please have all item numbers available.

Thank you for choosing Natures Formulae Health Products Ltd.