

DATE \_\_\_\_\_  
 SHIP DATE \_\_\_\_\_  
 ORDER TAKEN BY \_\_\_\_\_

**VALE  
 PRODUCTS**



**Colon Cleansing Wholesale Order Form**

CUSTOMER# \_\_\_\_\_

NEW ACCOUNT \_\_\_\_\_ CONTACT \_\_\_\_\_

CUSTOMER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ REP \_\_\_\_\_ TERMS \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

Product Description	Item No.	Quantity	Price	Extended Price
Artichoke Extra	VAE			
Flax Boost	VFLAX			
Fosidophilus	VFOS			
Herbal N Zyme	VHNZ			
Parasite Plus	VPP			
System Clear	VSC			
System Fresh	VSF			
Perma Clean	VPCN			
Daily Clean	VDCFN			

**SUBTOTAL**

_____ Boxes X Weight _____	-----	
_____ Boxes X Weight _____	-----	
_____ Boxes X Weight _____	-----	
Zone _____ Total _____ Ship Via _____ Total Freight _____		
Weight		COD
		Insurance
		Subtotal
		<b>TOTAL</b>