

Herbal Rose Mail/Fax Order Form

Name: _____
Phone Number: _____
Email Address: _____

Shipping Address

Address: _____
City, State Zip _____

Billing Address (if different from shipping address)

Name: _____
Address: _____
City, State Zip: _____

Product	Quantity	Unit Price	Total Price
Sub Total:			
Add \$5.00 if total is less than \$100 Add \$6 if total is over \$100			
Shipping:			
Total Price:			

Payment Information:

Credit Card Personal Check Money Order

Credit Card Information:

Visa MC AMEX Discover

Credit Card Number: _____ Exp. Date: _____

Please mail or fax this form to:

Herbal Rose, 3969 S. McCarran Blvd., Reno, NV 89502

(775) 828-1175 fax

*Please make any checks payable to Herbal Rose.
If you have questions, please call us toll free at (800)513-7854.*