

Bill to:

Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Email Address _____

Fax Number _____

Ship to:

Company _____

Street Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ - _____

Deliver to:

Receiving _____

 Please blind ship to the address above.

Please ask if blind shipping is compatible with your account needs before checking this box.

Export Products have specific lot and expiration requirements. Notify your sales agent if you will ship out of the USA.

PURCHASE ORDER

Date	Customer No.	P.O. No.	Sales Rep

Ship Via
Available Shipping Options:

 UPS
 USPS
 Freight

Payment Method

-
- New Credit Card (see separate form for details)
-
- We accept the following credit cards:
-
- MasterCard, Visa, and American Express
-
-
- Card on File (list last 4 digits)
-
-
-
- Wire Transfer
-
-
- ACH Transfer


Private Label Only Section

Item #	Vitalabs Stock Name & Potency	How Many Tablets or Capsules Per Bottle	Private Label Name	Bottle Type (check one)		Add Locktop Lid (.12 Per Bottle)	Add Desiccant (.11 Per Bottle)	How Many Bottles	Price Per Bottle	Sub Total
				HDPE (Stock)	PET (Add. Cost*)					
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*See Sales Rep For Details, Pricing Varies on Sizes

Other Comments or Special Instructions

Total

 Authorized Signature