



Auto Ship Order Form

1112 86th Ct. NW Bradenton, FL 34209 Phone/Fax: (941) 794-1217
www.1010wellness.com info@1010wellness.com

Bill To:

Name _____
 Address _____
 City _____ State _____
 Zip _____
 Daytime Phone (____) _____

Ship To: (if different)

Name _____
 Address _____
 City _____ State _____
 Zip _____
 Daytime Phone (____) _____

Qty	Item #	Description	Size	Color or Flavor	Unit Price	Total
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Type of Credit Card: Visa MC Amex Disc
 Credit Card # _____
 Name on Card _____
 Exp. Date _____

Subtotals	\$	
FL Sales Tax	\$	<i>Only add Florida 6.5%</i>
Shipping	Free	<i>UPS Gnd or USPS</i>
Order Total	\$	

Special Instructions:

Instigator #: _____ (this number will be created when you enroll in compensation program)