

SUPPLEMENT REORDER FORM

EAST WEST INTEGRATED MEDICINE

SUBMIT IN WRITING

1. MAIL TO: 333 So. Boulder Rd., Suite 1, Louisville, CO 80027
2. FAX TO: 303.443.1588
3. E-MAIL (AS AN ATTACHMENT): info@nitadesaimd.com
4. SORRY, NO PHONE ORDERS ACCEPTED

Your Name _____ **Phone #** _____

Address _____

City/State/Zip _____

Column1	Column2	Column3
MANUFACTURER NAME	SUPPLEMENT NAME	QUANTITY

DELIVERY (check one)

____ SHIP

PLEASE NOTE – We will ship orders upon receipt of payment of a Visa , Master Card or check. If sending a check, we will call with the amount; and mail order as soon as check is received.

____ Pick-Up **All orders must be prepaid at time of pick-up**

Suite 1 or 2 is open 6 days a week. Monday-Thursday 9am – 7pm; Friday 9am-4pm; Saturday 10am-3pm

PAYMENT (check one)

____ I will leave check at pick-up

____ I will mail a check

____ Charge my ____ Visa, ____ Master Card

CC # _____ Exp _____

3-digit code (on back of card) _____ Zip Code _____

Product Return Policy: 30 days from date of purchase*Unopened*Not expired

*Restocking Fee of \$5.00 per item*Product over \$80.00 is a \$10.00 fee

Special Order Policy: Must be pre-paid and non-refundable

To re-order Herbal formulas call Louise at 303-546-0952.

Send check to Louise Sanchez, 645 Pearl St., #3, Boulder, CO 80302