

Order Form for Healthcare Professionals

Orders may be submitted by:

Fax: 1-207-775-3147

The Protexid Solution

Finally, real relief for heartburn. So you can sleep.

Please fill out all fields completely. Missing information will delay your order. Thank you.

Nature of Your Practice:

State License Number:

*Sales tax applies to orders in ME and NV

BILL TO:

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

SHIP TO (if Different):

Name:

Address:

City: State: Zip:

Phone: Fax:

Email:

ORDER INFORMATION:

Product (circle formula)	Qty	Price/Case	Total
Protexid Supplement (12 bottles of 30 Capsules/case)	<input type="text"/>		<input type="text"/>
Protexid ND Supplement (Non-drowsy formula)	<input type="text"/>	X \$288.00 per case =	<input type="text"/>
ORDER TOTAL:		(\$12.00 S/H per case)	<input type="text"/>

Delivery:
Orders are shipped within
One business day. Delivery
is by Fed Ex Ground to
Continental U.S. addresses
in 3-7 business days.

Method of Payment:

(Credit Card only; No C.O.D.)

- VISA
 MasterCard
 American Express
 Discover

Credit Card Number

Expiration Date

Signature (Required)

Date

Buyer acknowledges that Eades Nutritionals is selling its products to Buyer in Buyer's capacity as a healthcare professional, and Buyer agrees that it shall sell Eades Nutritionals' products only to those persons associated with his/her healthcare practice. In furtherance of this obligation, Buyer agrees that he/she shall not sell or resell the products to any distributor or retailer, nor list the product for sale to the general public or over the internet. Buyer agrees that in the event Buyer violates the preceding obligations, Eades Nutritionals shall be entitled to collect from Buyer, and Buyer agrees to pay a fee of \$100 per unit sold by Buyer in violation of the preceding obligations.