



# Order Form

Date:	Customer Purchase Order No.:
Customer / Company:	
Shipping Address:	
Contact Person:	Tel:
E-mail:	Fax:
Shipping Method:	Prefer Shipping Date:
Please provide UPS or FedEx account # if freight term is collect:	

Quantity	Item #	Description	Packing Size (10/25kg)	F.O.B Unit Price Quote / Kg	Line Total
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Subtotal					\$
Seller's Permit No.: _____ (If no Seller's permit; it is subject to sales tax 8.00%)					\$
Sales Tax					\$
2% Credit Card Processing Fee					\$
Total					\$

**Payment Methods:**  Check (Please make the Check payable to : Novotech Nutraceuticals, Inc.)  
 Credit Cards (VISA or MASTER only)  
 Card No.: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_  
 Name on the Credit Card: \_\_\_\_\_ Code(back of card )# \_\_\_\_\_  
 Your signature for authorization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Billing Address (if different from shipping address): \_\_\_\_\_  
 \_\_\_\_\_

Order placed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your business!*

*Please return Order Form via fax to (805)654-0139 or (805)650-8942*

Received / confirmed by Novotech \_\_\_\_\_

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## Novotech Nutraceuticals, Inc.

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