

# BodyPure Order Form

Fax to: 310.841.0705  
Mail to: *BodyPure*  
1800 S Robertson Ave #398  
Los Angeles, CA 90035

			Quantity *
<b>Name:</b>	_____ *	BodyPure (\$29.95)	_____
		BodyZyme (\$37.39)	_____
<b>Credit card:</b>		Hair Analysis Kit (\$79.95)	_____
number	_____ *	Dentox (\$10.95)	_____
expiration	_____ *		
<b>Billing Address:</b>		Subtotal	_____
Address	_____ *	Tax	_____
City, State, Zip	_____ *	(8.25% for CA only)	
		Shipping (call)	_____
Phone Number	_____ *	(888.951.7873)	
E-mail	_____ *	TOTAL	<input type="text"/> *
<b>Shipping Address (if different):</b>			
Address	_____	Resale # (if applicable)	_____
City, State, Zip	_____ _____		

How did you hear about us?  
\_\_\_\_\_

Comments:

\* Required fields