

LONGEVIMAX Order Form

Nutricine Foods LLC
 1190 S. Elmhurst Road #200
 Mount Prospect, IL 60056
 USA

Date: _____

Order online at www.LONGEVIMAX.com
 Call Toll Free: 1-877-564-8629
 FAX: 1-224-484-8855

Billing Address: Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Country: _____ Daytime Phone: () _____	Shipping Address (If different than billing address): Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Country: _____ Daytime Phone: () _____
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Payment Type:

Visa _____ Mastercard _____ Discover: _____
 Card Number: _____
 Expiration Date: _____ - _____ (month/year)
 Print Name: _____ Signature: _____
 By signing above, I certify and attest that I am the cardholder listed above and that I am an authorized user. I approve the amount charged below and agree to pay total amount due.

Email address*: _____

* Your email address is used for order related purposes only. Our privacy policy guarantees that your information will be kept confidential, and we will not share, rent or sell your email address to other companies.

Product	Quantity	Price	Total
Longevimax Super Antioxidant Formula		\$34.95 each	
Sales Tax: IL residents add 8.5% sales tax			
Shipping & Handling: 1-5 bottles: \$5.95 6-10 bottles: \$7.95 <small>Shipping rate is for within US only</small>			
Total Amount			

*Standard shipping is 5-7 days after order is processed.
 **Return Policy: Should you for any reason be unhappy with your purchase, we will promptly issue a refund for all unopened bottles less shipping and handling in the form it was paid. Product must be purchased directly from Nutricine Foods LLC and returned within 30 days of order date. Shipping and handling charges are non-refundable. Please call or email our customer service for a Return Authorization Code and include a copy of your receipt for packing slip. We will not accept any returns without a RCA. Refund will be processed within 14 days after we receive your return.