

Emergency Kit Order Form

Customer: _____ Selling Distributor: _____
Street Address: _____ Distributor ID#: _____
City/State/Zip: _____
Phone #: (_____) _____ e-mail: _____

Payment Method

Check/Money Order Credit Card
(VISA/MC/DISC/AM)

Card #: _____

Exp Date: _____

Auth Signature: _____

Billing Address if different:

<u>Quantity</u>	<u>Description</u>	<u>Special Price</u>	<u>Total Price</u>
_____	Emergency Preparedness Kit (SA911)	\$99.95	\$ _____
		Sales Tax	\$ _____
	Shipping/Handling \$10 each (\$31 PR/CAN/HI/AK)		\$ _____
		Total Due	\$ _____

For more information, contact your Independent Distributor:



Multi-Pure Corporation

7251 Cathedral Rock

Las Vegas, NV 89128 (800) 622-9206

www.multipure.com