Travel Health Companion

Ordering Instructions

- 1. Consult the price list and enter the indicated information in the grid below.
- 2. Multiply the number of lots by the price per lot; enter the result in the SUBTOTAL column.
- 3. Wisconsin orders add 5.6% sales tax (or provide your tax exempt ID number).
- 4. Orders outside the continental U.S. submit a purchase shipping cha invoice (or shipment vi the address

| PRODUCT CODE | # LOTS ORDERED (25 BOOKLETS PER LOT) | PRICE/LOT |
|--------------|--------------------------------------------|-----------|
| THC-A | 1 | \$90 |
| THC-B | 2-3 | 88 |
| THC-C | 4-9 | 83 |
| THC-D | 10-19 | 78 |
| THC-E | 20+ | 76 |

ORDER FORM

Special pricing of \$180 for a 100-booklet lot is available to qualifying Travax site licensees. Contact Shoreland directly for details or to place an order at this rate.

| chase order for subtotal plus shipping; | [| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|-------------|----------|
| ing charges will be added to your | PRODUCT CODE | # OF LOTS ORDERED | PRICE/LOT | SUBTOTAL |
| ce (or you may call us for a quote). For nent via an import company, please note | CODE | | PRICE/LUI | SUBIUIAL |
| ddress on a separate sheet. | Wisconsin sale | es tax (if applicable | e) add 5.6% | |
| | Shipping charge, outside continental U.S. (see instructions) | | | |
| | | | TOTAL | |
| □ My check is enclosed (payable in U.S. dollars | to Shorelan | d, Inc.) | | |
| □ Charge my credit card: □ AMERICAN EXPRESS | DISCOVER | □ MASTERC | ARD 🗆 VISA | |
| Card #: | | | | |
| Expiration date: CCV #: | | | | _ |
| Name on card: (PLEASE PRINT) | | | | _ |
| Signature: | | | | _ |
| Card Billing Phone #: | | | | |
| Card Billing Address: (PLEASE PRINT) | | | | |
| | | | | |
| | | | | |
| Ship to: SAME AS BILLING (PLEASE PRINT) | | | | |
| | | | | |
| | | | | |
| Contact Phone #: | | | | _ |
| TO ORDER fax this form to 1-414-290-1907 or call us | at 1-800-422 | -5256 or 1.1. | 14-200-1000 | or |
| mail form to Shoreland, Inc. • P.O. Box 1 | | | | |

