

# NutritionExpress®

America's Best Supplements — up to 70% OFF!

# Printable Order Form

Fax To: 310-784-8522 or

Mail To: P.O. Box 3669, Torrance, CA 90510

Phone Orders: 800-338-7979 24 hours  
 Online / Web: NutritionExpress.com  
 Fax Orders: 310-784-8522 24 hours  
 Cust. Service: 800-754-8000 M-F 6:30-5 PST  
 International: 310-784-8500 M-F 8-5 PST  
 Email: CustomerCare@NutritionExpress.com

## 1 Enter your information

### Billing Information:

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street address is preferred for quicker delivery.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**IMPORTANT:** Best number to call if we need to contact you.

Email \_\_\_\_\_

- Order related. You may contact me about my order.  
 Email Newsletter. Check box to receive product updates and special offers.  
(We do not share your email address with third parties.)

### Shipping Address: (Leave blank if same as "Billing Information")

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NUTRITION EXPRESS, without prior authorization from the customer, reserves the right to:  
 (1) complete or recalculate the TOTAL PAYMENT amount; (2) charge applicable sales tax if shipped to California; (3) charge applicable shipping; and (4) recalculate any order with the most current prices (higher or lower), which may be different from the listed prices in any NUTRITION EXPRESS catalog. ©2012 Nutrition Express

## 2 List your items below

Item No.	Qty	Item Description (potency / flavor / size)	Price Each	Price Total

## 3 Choose 1 FREE GIFT with an order of \$75 or more

Limit one free gift per order.  
 Order amount is based on product total only.

FR-04 <input type="checkbox"/> CoQ10 30 Mg (60 Softgels)	FR-15 <input type="checkbox"/> MuscleFit - Vanilla Ice Cream (5 Oz.)	FR-10 <input type="checkbox"/> WheyFit - Creamy Vanilla (5 Oz.)
FR-05 <input type="checkbox"/> Fish Oil 1,000 Mg (90 Softgels)	FR-16 <input type="checkbox"/> MuscleFit - Choc Ice Cream (5 Oz.)	FR-11 <input type="checkbox"/> WheyFit - Dutch Chocolate (5 Oz.)
FR-06 <input type="checkbox"/> Vitamin D3 1,000 IU (120 Softgels)	FR-38 <input type="checkbox"/> MuscleFit - Straw Ice Cream (5 Oz.)	FR-12 <input type="checkbox"/> WheyFit - Strawberry Swirl (5 Oz.)
FR-02 <input type="checkbox"/> German Creatine (100 Grams)	FR-51 <input type="checkbox"/> NutraFit - Creamy Vanilla (5 Oz.)	FR-13 <input type="checkbox"/> WheyFit - Natural Vanilla (5 Oz.)
FR-03 <input type="checkbox"/> L-Glutamine (100 Grams)	FR-52 <input type="checkbox"/> NutraFit - Dark Chocolate (5 Oz.)	FR-14 <input type="checkbox"/> WheyFit - Natural Chocolate (5 Oz.)
FR-01 <input type="checkbox"/> Shaker Bottle	FR-53 <input type="checkbox"/> NutraFit - Strawberry Swirl (5 Oz.)	FR-33 <input type="checkbox"/> Protein Blend - Natural Choc (5 Oz.)
	FR-54 <input type="checkbox"/> NutraFit - Natural Vanilla (5 Oz.)	FR-31 <input type="checkbox"/> Protein Blend - Natural Vanilla (5 Oz.)

**Standard Shipping** is a flat \$5.95 if shipped anywhere in the Continental USA (48 states) to a street address, P.O. Box, APO or FPO address. A street address is preferred for quicker delivery.

Orders are sent ground via FedEx, UPS, USPS Mail or comparable shipper.

Additional shipping charges apply to Ready-To-Drink liquids, which are noted next to the product in this catalog and online.

**Express Shipping** only applies to orders shipped next day, 2 day, 3 day, USPS Priority Mail or orders shipped to Alaska, Hawaii or International. Call 800-338-7979 or go online for actual shipping charge.

**Express 1, 2, 3 day, AK, HI, International (call for ship charge)**

<b>Subtotal</b>	
<b>Sales Tax</b> on orders shipping to CA <small>If unsure of tax rate, estimate 8% (Subtotal x 0.08)</small>	
<b>Standard Shipping</b> <small>Anywhere in the Continental USA</small>	<b>\$5.95</b>
<b>Express Shipping</b> <small>Express 1, 2, 3 day, AK, HI, International (call for ship charge)</small>	
<b>TOTAL Payment</b> <small>Checks: Make payable to NUTRITION EXPRESS                      Credit Card: if TOTAL is left blank, we'll calculate for you</small>	

## 4 Select your payment method

Check or Money Order  
(No cash or COD)

Make payable to:  
 NUTRITION EXPRESS

- MasterCard  
 VISA  
 Discover  
 AMEX

Card Number

Expiration Date

Signature \_\_\_\_\_