

Print this Fax
 Order Form



✓ Please send me the following product order:

<u>Product Name / Description</u>	<u># Units</u>	<u>Price Each</u>	<u>Total Price</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Sub Total \$ _____

(CA Only: Sub Total x .0775) **Sales Tax** \$ _____

** **Shipping** \$ _____

TOTAL PURCHASE PRICE \$ _____

**** Please CALL FOR SHIPPING quote.** Some products include shipping in the price, while some do not. We ship Priority Mail or FedEx Ground, unless otherwise specified. We are not responsible for the courier delivery to be on time. Every courier we've tried has been late on rare occasion. If a shipment is late arriving to you, let us know asap. We will retrieve any available credit from that courier.

Products Disclaimer: The statements contained on these pages have not been evaluated by the Food and Drug Administration. Many of these products are NOT considered scientific by the FDA, nor are they even recognized. The products contained here are not intended to diagnose, treat, cure, or prevent any disease. Ideas presented in this document are for *information only* and should not be interpreted as medical advice, meant for diagnosing illness, or for prescriptive purposes. Readers are encouraged to consult their health care provider before beginning any cleanse, diet, detox program, or supplement regimen. The information in this document is not to be used to replace the services or instructions of a physician or qualified health care practitioner.

RETURN POLICY: We will refund the full purchase price (minus shipping charges and a 10% restocking fee) within 30 days of purchase for any unused products that are returned to us in new and sellable condition, except where noted otherwise. Opened bottles of herbal products cannot be returned for a refund.

PAYMENT INSTRUCTIONS: Fill out this form completely. **Fax this sheet to: 1-603-994-1746**

Please make all checks and money orders **PAYABLE TO: "Kangen Wellness"** NOTE: Allow 4-5 business days for checks to clear prior to sending order.

Credit Card Orders, please complete the following information.

VISA _____ MC _____ Discover _____ AMEX _____

Card Number _____ Ex Date: ____/____/____

Name on Card (**PRINT**) _____

Billing Address _____ City _____

ST _____ Zip _____ Phone # _____ Fax # _____

C.V.V. # (required) _____ (3-digit verification number in reverse italics on the **back** of your card)

Email address: _____ (To receive delivery notification.)

I agree here to waive the requirement for a physical imprint of my credit credit, as I'm making this purchase from my home or office, via facsimile machine, and authorize **FrequencyRising.com (dba Kangen Wellness)** to debit my credit card account. I have also read and understand the disclaimer and policies above.

Signed: X _____ **Date:** ____/____/____

SHIP TO ADDRESS: (If different than address above)

Name _____ Phone: _____

City: _____ ST _____ Zip _____

Frequency Rising
PO Box 421264 San Diego, CA 92142
ph (951)303-3471
fax (603)-994-1746
email: frequencyrising@aol.com
www.frequencyrising.com

Thank you for your order. You will receive a "paid" invoice with your product order.