

**Use This Form for DISTRIBUTORS – USA**

**DISTRIBUTORS INFO / ORDER FORM**

|  |         |                              |         |
|--|---------|------------------------------|---------|
| <b>Bill To: Company Name</b>   |         | <b>Ship To: Company Name</b> |         |
| Street Address   |         | Street Address               |         |
|  |         |                              |         |
| City/State/Province  |         | City/State/Province          |         |
| Postal Code  | Country | Postal Code                  | Country |
| Phone  |         | Phone                        |         |
| Fax  |         | Fax                          |         |
| E-mail   |         | E-Mail                       |         |
| Contact Name   |         | Contact Name                 |         |
| Business License/Vat.Reg./Certificate Number for your Country (REQUIRED) |         |                              |         |

**Purchase Order Number:**

| Item                       | Number of Packs | Price Per Pack | Total |
|----------------------------|-----------------|----------------|-------|
| Nuprep 4oz tube<br>10-30   |                 |                |       |
| Nuprep 25gm tube<br>10-61  |                 |                |       |
| Ten20 4oz jar<br>10-20-4   |                 |                |       |
| Ten20 4oz tube<br>10-20-4T |                 |                |       |
| Ten20 8oz jar<br>10-20-8   |                 |                |       |

*Minimum order is one pack of any item  
Most orders shipped at UPS current rates  
Net Due 30 Days*

*Prepayment Required until Credit Established  
No Credit Card Payments Accepted*

**Email to: [usasales@doweaver.com](mailto:usasales@doweaver.com)  
Fax to: 303.367.5118**