



ORDER FORM

DATE MM/DD/YYYY

SALES PERSON

Name: Kate Watson

Phone: 250.517.9224

Email: kate@neuspine.com

CUSTOMER INFO

Name: _____ Phone: _____ Email: _____

Address: _____

ITEM	PRICE PER.	QTY.	SIZE			TOTAL
			S	M	L	
Individual Unit (sug. retail)	39.99 CND					
Pack A 12 + (wholesale)	23.99 CND					
Pack B 30 + (wholesale)	21.99 CND					
Pack C 50 + (wholesale)	19.99 CND					
First time order (box of 12)*	19.99 CND					
Subtotal						
GST (5%) and PST (7%)						
Shipping & Handling						
GRAND TOTAL						

METHOD OF PAYMENT

Cash Cheque Visa Mastercard

Card Number Exp MM / YY

Name on Card _____ Signature _____

* this offer is for first time buyers only

THANK YOU FOR YOUR ORDER!