Mail Order Form

Smartbody Nutrition
P.O. Box 6216
Fishers, IN 46038
800-546-3040
www.smartbodynutrition.com

Product Name	Flavor (if applicable)	Quantity	Unit Price	Line Total
			Sub-Total	
			IN Sales Tax 6%	
			S & H	* $6.95
			Total	

Payment Information:

Pay by:

☐ Visa ☐ MasterCard ☐ Money Order ☐ Cashiers Check

Card Number: _____

Expiration Date: _____

Name As It Appears On Card: _____

Signature: _____

* Shipping Information:

Smartbody Nutrition charges a flat rate of $6.95 per order. You will receive a confirmation via phone or email address before your order is processed and shipped.

- Continental U. S. addresses only
- No Post Office boxes
- Indiana residents pay 6% sales tax

For full shipping details, go to our web site.

Shipping Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Bill To Address: (if different than above)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Special Shipping Instructions: