

# Professional Supplement Center - Fax Order Form

**FAX ORDERS TO: (941) 927-1525**

*After receiving this form, a customer service specialist will contact you via phone or email to confirm your order and total charges. Please ensure you have provided complete and accurate information so that we may process your order without delay.*

## SHIPPING

|                |              |     |
|----------------|--------------|-----|
|                |              |     |
| Last Name      | First Name   |     |
| Email Address  | Phone Number |     |
| Street Address |              |     |
| City           | State        | Zip |

## BILLING

|                |              |
|----------------|--------------|
|                |              |
| Last Name      | First Name   |
| Email Address  | Phone Number |
| Street Address |              |
| City           | State        |

| Quantity | DESCRIPTION - Brand, Product Name and Strength (if applicable) | Size | Total |
|----------|--|------|-------|
| 1        |  |      |       |
| 2        |  |      |       |
| 3        |  |      |       |
| 4        |  |      |       |
| 5        |  |      |       |
| 6        |  |      |       |
| 7        |  |      |       |

**Comments:**

---



---



---

*For your convenience, we also accept checks. Please mail this form along with your check to:*  
**Professional Supplement Center**  
**5441 Palmer Crossing Circle**  
**Sarasota, FL 34233**

| PAYMENT                                   |                                      |
|---|--------------------------------------|
|   |                                      |
|   |                                      |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Visa        |
| <input type="checkbox"/> Discover         | <input type="checkbox"/> Master Card |
| Credit Card # _____                       | Expiration date _____                |
| Authorized Signature _____                |                                      |