



Order Form

We are very glad to hear you liked our product and want to make an order! We do not take this confidence lightly – we strive to fulfill your order with great attention to details and to your satisfaction! If there is something you would like us to improve – we’d love to hear from you!

We strive to ship the same day when order is received.

We hope to see your new order soon!

Sincerely,
Alpinola Team

Order Information

Please fax this form to (347) 620-2641
Or e-mail to info@salutemgroup.com

| Product | Wholesale Price | Quantity | Total |
|------------------------------|-----------------|----------|-------|
| Alpinola Lozenges with Honey | \$ 2.99 | | |
| Alpinola Lozenges Sugar Free | \$ 2.99 | | |
| Total | | | |

| Billing Information | Shipping Information (if different) |
|--|--|
| Name: | Name: |
| Company: | Company: |
| Address: | Address: |
| City State Zip | City State Zip |
| Phone: | Phone: |
| E-mail: | E-mail: |

Payment will be by Credit Card Check PO/Reference # (if needed)

Visa MasterCard AMEX

Credit Card #

Expiration Date

Security Code/CVV

Billing Zip Code

Cardholder Signature _____

New Customer: Yes No

NY Sales Tax Resale Certificate provided: Yes No*

* - We need NY Sales Tax Resale Certificate for our customers – please contact us and we will send you a copy to complete