Essential Therapies

PRODUCT ORDER FORM

Product Description	Size	Quantity	Cost/Unit	Total

Date:_____ Name:_____ Ph.#_____

Address:_____

Email Address: _____

Payment Methods: MC - VISA - e-Transfer

MC # _____ VISA #_____

Exp. Date:_____ CV Code (on back of card)_____

Signature for Credit Card Authorization: (Card holder only)

_____

For e-Transfers : Send to Gayle Russell at essentialtherapies@rogers.com

(You will receive an email when your order has been received and again when it has been processed)