AFAB Distribution
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(281) 587-1828

FAX (281) 895-0616

Online orders: www.afabdistribution.com – click **Health Care**

Bill To- Name on Charge Card	Ship To:
Bill To Address for charge card:	Ship To Address:
City State Zip	City State Zip
E-mail address:	Home Phone: Work Phone:

You will receive E-mail confirmation of charge card transaction and the products 4 to 6 work days thereinafter.

Sponsor's Name: _____

Vital Steps to Health

Simple Solutions for a Healthier Body and Mind

Qty	Product #	Product Description	Cost	Total
	NW0017	**AMINO** 1500 - 300 CAPS – 3 month supply	$26.95	
	NW3216	**Colostrum -** 500 MG - 120 CAPS **- 2 month supply**	$26.95	
	CPNW3217	**SAVE money** Combo Pack **- AMINO** 1500 & **Colostrum**	**$47.90**	
	MN4600	**Mangoni™ - 32 oz** 900 mg per oz- **Antioxidant Cocktail**	$36.95	
	MN-2-4600	**SAVE money** order **2 bottles** of **Mangoni**	**$67.00**	
	CP4600	**Combo Pack –**1-Colostrum, 1-AMINO 1500 & **2-**Mangoni	**$109.80**	
	OP1POTT	**OIL Pack**- 1 oz ea – Peppermint – Orange – Tea Tree	$25.95	
	MG11808	**Mangosteen - 100 Cap - neutralize free radicals**	$23.95	
	NM10252	**Banaba Gold - 60 tabs - 1 month supply- diet control**	$25.95	
			TOTAL	
Auto ship enrollment for **CP4600 Combo Pack only, shipped every 2 months and billed to credit card**			**$109.80**	
Signature for Auto ship:				

Charge Card #: _____ Visa ___ Discover ___ Master Card ___	Expiration date of Card: Month _____ Year _____
I herein agree to have **AFAB Distribution** use the above information to process this order using the above information for a Credit card transaction for the Total amount stated.	Card verification #:_____ Last 3#'s on back of card.
Signature	

"A facsimile and/or E-mail of this document shall be deemed and considered as an original document."