



ORDER FORM

\$21 per container* with AUTOSHIP
*Great Price & No Worries ~
 We Remember for You!*

\$23 per container* ~ original price,
 place order as needed

FREE Shipping & Handling!

CUSTOMER INFORMATION – Please print clearly, thank you.

Last Name _____ First Name _____ M.I. ____ __Male __Female
 Email Address (Please Print Clearly) _____
 Home Phone Number _____ Day Time Phone Number _____
 Street Address _____
 City _____ State _____ Zip Code _____

Please complete this section ONLY if interested in the savings and convenience of AUTOSHIP:

Specify Autoship Start Date (Month/day) ____/____/'08.

Autoship Frequency:

You may choose any interval from once a month to every 6 months.
 For example: 2 Months means your order will process every 2 months.

I WOULD LIKE MY AUTOSHIP TO PROCESS EVERY: ____ Month, ____ 2 Months, ____ 4 Months, ____ 6 Months.

PLEASE SEND ME ____ CONTAINER(S)* PER DELIVERY.

*One Container = 120 Softgels
 Serving Size: 2 Softgels daily Servings Per Container: 60 That's a 2-months' serving!

PAYMENT METHOD - AMEX Master VISA Check / Money Order

Credit Card # _____

Please make payable to **Nordic Nutrition**

Expiration Date: _____

Total: \$ _____

X _____

(Cardholder's Signature as it appears on credit card)

I authorize NORDIC NUTRITION, INC. to automatically charge my credit card identified on this agreement, the total discounted amount of \$21.00 per container, for my Autoship order of FRI FLYT *Omega-3*. In order to prepare my order to ship on the indicated date, I understand that my credit card may be charged up to 3 days prior to the scheduled shipment date. Signature _____ Date _____

NORDIC NUTRITION, INC.
 PO Box 97 / 19 Anthony Drive
 Malvern, PA 19355

Tel 610-647-5738
 Fax 610-640-1811
 Email nordicnutrition@comcast.net
 www.nordicnutrition.us