

Print this page and either mail to:

SSLI Health Group
 702 park Avenue #302
 South Pasadena, CA, 91030

or call to 626-799-1302 first to Fax.
 Fax to: 626-799-6702

Yes, Rush me Ultimate Gum Solution for my immediate usage. If I am not satisfied with your product within 365 days of purchase I can return it for an immediate refund . . . no questions asked. The product will be sent Via UPS or USPS Priority mail within 24 hours of receiving your order. (Please be sure to enter a physical mailing address. If you enter a PO Box, your product will be sent by regular post and can take up to 2 weeks to arrive)

Name: _____

Company (optional): _____

Address: _____

City: _____

State: _____ Country: _____

Zip: _____ Phone:(_____) _____

Email: _____

(double check spelling as this is the email confirmation you will receive after purchase)

Select Product:

Qty	Item Code	\$ each	Total	Qty	Item Code	\$ each	Total
___	PRD0001	19.95	19.95	___	PRD0005	\$99.75	99.75(Plus Two free bottles)
___	PRD0002	39.90	39.90 (Plus one free bottle, First Time Customers Only)	___	PRD0006A	119.70	119.70(Plus Four free bottles)
___	PRD0003	59.85	59.85	___	PRD0006	29.90	
___	PRD0004	79.80	79.80(Plus One free bottle)	___	PRD0007	71.80	(Plus one free bottle)
				___	PRD0008	12.95	

Subtotal _____.
Shipping _____.
Total amount _____.

Select Shipping Preference:

- US domestic:** \$6.00
- US Post Office Priority Mail (US only) : \$6.00
- US Post Office Express Mail (US only) : \$20.00
- UPS Ground (US only) \$11.00
- International:**
- US Post Office Global Priority Mail: \$7.95
- US Post Office (Domestic) Express Mail (Global, Tracking # - OK): \$20.00
- US Post Office (International) Express Mail (Global, Tracking # - OK): \$35.00
(2 - 3 business days)
- UPS (2 - 3 business days) (Global): \$56.00
- DHL(2 - 3 business days) (Global): \$56.00
- FedEx (2 - 3 business days) (Global): \$56.00

Select Payment Preference:

- I am enclosing a Cashier's check or money order
- I want to charge this purchase to my credit card.
- Check one: VISA Master Card American Express Discover

* Please include \$0.825 retail sales tax for California resident on your order total.

Card Number: _____

Name on card: _____

Expiry Date: _____

Signature _____