



# Order Form

- ▶ **Print**
- ▶ **Fill Out**
- ▶ **Mail or Fax in your order**

**Fax to:** 1-941-485-3145

**Or, Mail it to:**

NGN- FENVIR  
8437 Tuttle Avenue  
#403  
Sarasota, FL 34243

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1 Bottle Fenvir - Home Delivery Plan + Free Treatment Guide	_____ @ \$47.00	= \$ _____
2 Bottles Fenvir + 1 FREE Bottle Fenvir + Free Treatment Guide	_____ @ \$134.00	= \$ _____
4 Bottles Fenvir + 2 FREE Bottles Fenvir + Free Treatment Guide	_____ @ \$268.00	= \$ _____
1 Bottle Fenvir + Free Treatment Guide	_____ @ \$67.00	= \$ _____
	SUB TOTAL	= \$ _____
	Shipping & Handling	= \$ _____
	TOTAL	= \$ _____

**Shipping Options:**

- USPS Priority Mail Delivery is FREE on orders over \$50.00 (Domestic Only)
- Standard First-Class Mail via US Postal Service just \$9.95
- Upgrade to USPS Priority Mail Delivery for \$9.95 (Average 1-3 business days — US ONLY)
- Upgrade to USPS Express Mail Delivery for only \$39.95 (Overnight, most locations, (not available to APO, FPO) US ONLY)
- USPS Priority Mail International Delivery for \$29.95 (Average 6-10 business days — INTERNATIONAL)
- Hawaii, Alaska, Puerto Rico, US Virgin Islands, Guam: \$12.95

I am enclosing a check or money order for \$ \_\_\_\_\_

*Please note: If you are paying by check you must make it payable to NGN and mail it in. We do not accept checks by fax.*

I want to charge this purchase to my Credit Card

Credit Card (check one):  VISA  MasterCard  American Express Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize NGN to charge \$ \_\_\_\_\_ to my credit card for the purchase (and shipment) of the above products.

*Note: If you are using a credit card charges will show up on your statement under NGN which is our parent company. All orders will be shipped within 48 hours of receipt. Orders accompanied by checks will be held until cleared.*