



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	_____ @ \$67.00	= \$ _____
2 Bottles Fenvir + 1 FREE Bottle Fenvir	_____ @ \$158.00	= \$ _____
4 Bottles Fenvir + 2 FREE Bottles Fenvir	_____ @ \$316.00	= \$ _____
1 Bottle Fenvir	_____ @ \$79.00	= \$ _____
	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.