Order Form

www.ancientwisdomessentialoils.com

PERSONAL INFORMATION

DISTRIBUTOR ID

NAME (Please print clearly)

PHONE #

☐ Ship to the address on file

SHIP TO:

NAME (Please print clearly)

STREET ADDRESS (Please provide a physical address)

CITY STATE/PROVINCE

ZIP/POSTAL CODE

CODE	DESCRIPTION	QUANTITY	PRICE	TOTAL
			Subtotal	
			Sales Tax*	
			Shipping	
			Grand Total	

METHOD OF PAYMENT

☐ Personal Check (Check #) _____
* Order ships after check clearance

☐ Certified Check or Money Order

☐ Credit Card
___ Visa ___ MasterCard ___ Discover ___ American Express

CARD NUMBER

EXPIRATION DATE (MM/YY)

SHIPPING

PRIORITY MAIL

$6.00

Or Actual Cost. Whichever is greater

* New Lower Shipping Cost*

* California Sale Tax (7.25%)

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