

# Money Order & Fax Order Form

# BOUNTIFUL Breast®

\*Please Print, Fill Out & Sign

## Billing Information

\* All Information Is Required

Full Name :

Billing Address :

City :

State / Province :

Zip / Postal Code :

Country :

Phone Number :

Email Address :

## Shipping Information

Only Fill Out If Shipping Address Is Different Than Billing

Full Name :

Billing Address :

City :

State / Province :

Zip / Postal Code :

Country :

Phone Number :

## Mailing Address

Bountiful Breast  
181 Marsh Hill Road  
Orange, CT 06477

Fax: 1-877-263-6342

I, the customer, acknowledge that all information stated in this form is 100% accurate and I authorize Avalon Essentials to charge the credit or debit card listed on this form. I also fully agree to the Terms of Service and Privacy Policy list on the Bountiful Breast® Website.

## Products

\* Please Check All That Apply

### Bountiful Breast Pills

- 1 Month Supply + ½ Month FREE!  
**\$137.00**
- 3 Months Supply + 1 ½ Month FREE!  
**\$317.00**
- 6 Months Supply + 3 Month FREE!  
**\$467.00**
- 9 Months Supply + 4 ½ Month FREE!  
**\* Best Value! \* \$597.00**

### Whey Power Plus Protein

- Vanilla Flavor - **\$74.88**
- Chocolate Flavor - **\$74.88**
- Strawberry Flavor - **\$74.88**
- US Shipping - **\$15.00**
- International Shipping - **\$70.00**

## Payment

\* If paying by Credit Card All Information Required

- Visa  MasterCard
- Discover Card  JCB

Card Number:

Expiration Date (mm/yy):

CVV Security Code:



## \*\* Paying By Money Order \*\*

\*\*\* NOTE: MAKE PAYABLE TO:

**AVALON ESSENTIALS**

\*\*\* Anything else will be returned.

Customer Signature:

Date:

