

ORDER FORM

Please Print Legibly

(Reorders must write their assigned FRR#)

Last: _____ First: _____ Cust FRR#: _____

Ship Addr: _____

City: _____ ST: _____ Zip Code: _____ - _____

Phone: () _____ (N) () _____

Card # _____ Expiration Date: _____ Signature: _____

- Paid for by Distributor : Distributor FRR # Visa M/C Discover
 Paid for by Customer Amex Check by Phone

Description	Price	Quantity	Product Code	Total
Sub Total:				
Tax Rate %				
Total				

AUTOMATIC SHIPMENTS: Scheduling Automatic Shipments will insure your pet will always have their favorite food on hand. It is easy to do. **AUTO SHIPMENTS EASILY CHANGED OR CANCELLED WITH A MINIMUM OF FIVE (5) BUSINESS DAYS NOTICE.**

Annual.....	Start Date: _____	<u>Product To Order</u>	<u>Method of Payment</u>
Semi Annual.....	Start Date: _____		
Quarterly.....	Start Date: _____	Order Code _____ Quantity _____	<input type="checkbox"/> Visa
Every Other Month.....	Start Date: _____	Order Code _____ Quantity _____	<input type="checkbox"/> MasterCard
Monthly.....	Start Date: _____	Order Code _____ Quantity _____	<input type="checkbox"/> Discover
Every Two (2) Weeks..	Start Date: _____	Order Code _____ Quantity _____	<input type="checkbox"/> American Express
Every ___ Days.....	Start Date: _____		<input type="checkbox"/> Check By Phone
Twice Monthly.....	Start Date: _____	& Start Date: _____	

NOTE: Product returned, (shipping prepaid**), within 30 days purchase, will receive a refund of 100% of purchase price.
 **NOTE: Shipping charges of \$4.00 will apply to all orders less than \$8.00.