

Calotren Order Form

ITEM#	ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
A	1 Bottle of Calotren	\$55.00	_____	\$ _____
B	2 Bottles of Calotren	\$109.95	_____	\$ _____
C	3 Bottles of Calotren (+1 Free)	\$165.00	_____	\$ _____
D	6 Bottles of Calotren (+2 Free)	\$330.00	_____	\$ _____

***Free Shipping with all purchases**

Please specify: CAPSULES or LIQUID

GRAND TOTAL \$ _____

Ordering Information

(Orders may be paid by cashier's check, money order, VISA, Mastercard, American Express or Discover card)

Name _____

Address (include organization/business name if applicable)

City _____ State _____ Zip _____

Daytime Phone _____

Email _____ Fax _____

Payment Type Check Money IOrder Credit Card

Name on Credit Card _____

Credit Card # _____ Expiration Date (Month/Year) _____

Authorized Signature _____

Send orders with payment payable to "TigerHealth.com" to:

CaloHealth.com

PO Box 71

Lehi, UT 84043