



Your Prescription For Fitness ®

Please fax this order form to:
1.847.841.3700

or send it to:

FitRx.com, Inc.
1629 S. Roselle Road
Roselle, IL 60172

Fax-Mail Order Form

Make your money order or cashiers
check payable to:

FitRx.com, Inc.
(NO PERSONAL CHECKS)

Product #	Description	Unit Price	Quantity	Extended Price
			Sub-Total	
			IL only add 2.25% Sales Tax	
			Shipping	6.95
P.O. Box & APO/FPO orders please call (877) 463-4879 for shipping costs.				
			Total	

Cashier's checks and money orders received without the correct amount or without shipping charges included will be returned.

Method of payment: Money Order, Cashier's Check (sorry, no personal checks), Visa, MasterCard, Discover and Amex

Ship To:

Name: _____
 Address: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone number: _____
 Email address: _____

Charge My: (If paying by credit card)

_____ Visa _____ Mastercard _____ Discover _____ AMEX
 Card Number: _____
 Expiration Date (MM/YYYY): _____
 Name on card: _____
 Signature: _____

Credit Card Billing Address (if different):

Name: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Send a catalog to a friend:

Name: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____