

# FAXABLE CREDIT CARD PROCESSING FORM

FAX TO: 619-684-3005

**ORDER:**

DESCRIPTION	PRICE		QTY	EXT
2 Pack of Rock Hard Extreme	\$9.95	x	_____	\$ _____
4 Pack of Rock Hard Extreme	\$17.95	x	_____	\$ _____
1 Bottle of Rock Hard Extreme	\$44.95	x	_____	\$ _____
2 Bottles of Rock Hard Extreme	\$79.95	x	_____	\$ _____
4 Bottles of Rock Hard Extreme	\$159.80	x	_____	\$ _____
8 Bottles of Rock Hard Extreme	\$319.60	x	_____	\$ _____
1 Sachet of Passion Coffee	\$7.95	x	_____	\$ _____
2 Sachets of Passion Coffee	\$14.00	x	_____	\$ _____
10 Sachets of Passion Coffee	\$59.95	x	_____	\$ _____



Subtotal: \$ \_\_\_\_\_  
Shipping & Handling: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

**USA SHIPPING AND HANDLING COSTS:**

\$6.95 by DHL/ Fed Ex Ground  
\$17.55 2nd Day Service  
\$15.50 FedEx Saver/ next afternoon  
\$32.50 Overnight Service: US continental orders only

**INTERNATIONAL SHIPPING AND HANDLING COSTS:**

\$14.50 Global Priority  
For orders under \$49, add \$7.50  
For orders over \$49, add \$18.25

PLEASE COMPLETE THE ENTIRE INFORMATION BELOW

Company: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_

**BILLING ADDRESS:**

(where credit card is billed)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
ZIP:/Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**SHIPPING ADDRESS:**

check this box if shipping address is the same as billing address  
Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
ZIP/Postal Code: \_\_\_\_\_

CREDIT CARD: MC  Visa  Amex

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ (MM/YY)

CIS NUMBER\*: \_\_\_\_\_ \*(3 digit number on back of VISA & MC or 4 digit number on front side of AMEX)

I agree to pay above amount to card issuer:

Signature X \_\_\_\_\_

AFTER PROCESSING, WE WILL CALL OR EMAIL CUSTOMER TRANSACTION CONFIRMATION NUMBER