



PROIMMUNE® PRODUCT ORDER FORM

The ProImmune Company, L.L.C.
 64 East Market Street
 Rhinebeck NY 12572
 Telephone: 845 876 3222

Date: _____
 www.ProImmuneCo.com
 Facsimile: 845 876 8170

Two Easy Ways to Order PROIMMUNE® Patented Dietary Supplement, Immune Formulation 200®. Fill out the Product Order Form with your Charge Information and Submit it either:

- 1) In person to Your Independent Contractor, or
- 2) By Fax to PROIMMUNE® at 845-876-8170.

Please always refer to the name of your Independent Contractor when ordering from PROIMMUNE®. Thank You.

ITEM	WEIGHT	PRICE / BOTTLE	# BOTTLES	TOTAL PRICE
PROIMMUNE® Immune Formulation 200®	100 GRAMS powder	\$62.50 / bottle		
Shipping / Handling Charge: S / H Price Chart Attached				
Tax if Applicable				
TOTAL				

Please print clearly.

* Title (Dr. Ms. Mr. _____) _____

Your Company _____

Shipping Information:

* Address _____
Street Town/City State ZIP

Telephone _____

Email _____

My Independent Contractor: _____

Method of Payment (U.S. Funds Only) *Prices are subject to change.*

My Check _____ or Money Order _____ is Enclosed.

Or My Credit Card:

* Visa _____ MasterCard _____ American Express _____

* Name as it appears on the card: _____

* Billing address for the card: _____
Street

Town/City State ZIP

* Card # _____

* Expiration Date _____/____

Cardholder Signature _____

THANK YOU FOR YOUR ORDER.

* REQUIRED INFORMATION FOR PHONE AND CREDIT CARD ORDERS.



For additional Product Details about this Dietary Supplement, see Listing in 2009 PHYSICIANS' DESK REFERENCE® PDR



PROIMMUNE® SHIPPING AND HANDLING CHARGES

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PRODUCT: IMMUNE FORMULATION 200®

NUMBER OF CONTAINERS	VIA U.S. POSTAL SERVICE PRIORITY MAIL
6	\$14.45
12	\$17.60
24	\$35.20

**LARGE ORDERS WILL BE SHIPPED IN MORE
THAN ONE BOX AND WILL BE CHARGED
IN ACCORDANCE WITH THE ABOVE PRICE
SCHEDULE**