



OFFICE USE ONLY

Invoice #

Package Weight

ORDER FORM

INSTRUCTIONS: To complete this order, please fill out this form and fax it to 301-654-1117 or call 800-884-5771, ext. 453.

CONTACT INFORMATION

CUSTOMER#:

PO#: _____

STORE#:

PHARMACY: _____

NAME: _____

STREET: _____

CITY: _____

STATE: ZIP:

PHONE: - - EXT:

FAX: - -

DATE: / /

E-MAIL: _____

PAYMENT INFORMATION (OPTIONAL)

MC VISA AX

CC#:

EXP: /

CARDHOLDER: _____

FLAVORS**

QTY	ITEM DESCRIPTION	UNIT
	APPLE	4oz
	BANANA CREAM	4oz
	BITTERNESS SUPPRESSOR	4oz
	BUBBLEGUM	4oz
	CHERRY	4oz
	GRAPE	4oz
	LEMON AQ	4oz
	MANGO	4oz
	RASPBERRY	4oz
	STRAWBERRY CREAM	4oz
	SWEETENING ENHANCER	4oz
	WATERMELON	4oz

**Call for pricing.

CONTACT US

Have questions or prefer to place an order another way? You can reach us via any of the following:



PHONE

800-884-5771
ext. 453



E-MAIL

info@flavorx.com



WEBSITE

flavorx.com



FAX

301-654-1117

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