

SHEN 神 CLINIC

SHEN HERBAL PHARMACY
1385 Shattuck Ave, Berkeley, CA 94709 USA
Fax Order Form

Print and Fax this form to: 01-510-486-1124

QUANTITY	PRODUCT NAME	PRICE	TOTAL PRICE
		SHIPPING & HANDLING:	
		TOTAL AMOUNT:	

Shipping Address

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Cardholder Address (if different from above)

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Payment Type:

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Your card number:

____ _ / ____ _ Expiration Date: ____ / ____

Your credit card be will charged only for merchandise shipped (includes shipping & handling).

CVV Code: _____

Print Name: _____ Signature: _____