U.S. DR-HO'S Order Form

1 **CALL TOLL FREE**
1-877-374-6669 OR
905-471-4735 (Toronto)
M-F, 9:00am - 5:00pm EST

OR **1-800-834-5963**
after 5:00pm EST

2 **SHOP ONLINE**
www.DrHoNow.com

3 **FAX TOLL FREE**
1-877-836-7466 OR
905-471-2608 (Toronto)

4 **MAIL TO:**
P.O. Box 13184
Bridgeport, CT, US
06673-3184

SHIPPING
After totalling your order, use the chart to calculate your shipping charges. Volume discounted shipping rewards you with savings when you purchase more.

SUBTOTAL (before tax/shipping)	Regular Shipping
up to $50.00	$5.99
$50.01 - $84.00	$7.99
$84.01 - $229.99	$9.99
$230.00 +	$19.99

Need your order faster? Get your order in 5-7 business days for just $15 more.

IMPORTANT NOTE: For shipping to HI, RR, AK, VI, GU and AS, please add $9.99 in addition to regular shipping charges. Rush shipping is also not available to these states.

ORDER INFORMATION

Item #	Name of Item	Qty	Price Each	Price Total

30 Day Money Back Guarantee
All purchases are backed by DR-HO'S 30-day guarantee of satisfaction. If you're not completely satisfied, please call us within 30 days from the ship date at 1-877-374-6669 (M-F, 9:00am - 5:00pm EST) and we'll gladly refund the purchase price (less S&H).

Subtotal	
Shipping Charge (See chart above)	
Express Shipping (Add $15.00)	
TOTAL ($ USD) Thank you for your order!	

☐ **Yes, I would like FREE membership into DR-HO'S New You Club to have my supplement(s) conveniently auto-delivered every 30 days at the exclusive low New You Club price (minimum 2 shipments required). To change your auto-delivery schedule, please call Customer Care at 1-877-374-6669 (Mon-Fri 9:00am to 5:00pm EST).**

Note: A credit card is required to become a DR-HO'S New You Club Member.

Check or money order payments: Please include the correct order total including shipping and applicable taxes. If unsure of your order total, please call Customer Service at 1-877-374-6669 (Mon-Fri, 9:00am to 5:00pm EST).

PAYMENT METHOD: Enclose your personal check or credit card information.

☐ **CERTIFIED CHECK or MONEY ORDER** (Payable to DR-HO'S) ☐ **VISA** ☐ **MASTERCARD**

Credit Card Account Number _____ Exp Date _____

Cardholder's Name _____ Signature _____

SHIPPING ADDRESS

Name _____ Date of Birth (DD/MM/YY) _____ Occupation _____

Address _____ Suite/Apt. _____ City _____ State _____ Zip Code _____

Email _____ Home Telephone _____ Work Telephone _____ Fax _____

First Order? YES / NO Please send me FREE promotions, samples & health tips: YES / NO