Seagreens® - Customer Order Form Part - A

Home Address

Name _____

House/Apt No. _____

Street: _____

City: _____

State: _____

Zip Code ☐☐☐☐☐ - ☐☐☐☐☐

Country: _____

Phone: _____

Cell: _____

Email: _____

Delivery Address (if different)

Name _____

House/Apt No. _____

Street: _____

City: _____

State: _____

Zip Code ☐☐☐☐☐ - ☐☐☐☐☐

Country: _____

Phone: _____

Cell: _____

Email: _____

How did you hear about Seagreens®? (Please tick relevant box)

Newspaper/magazine ☐ Please specify _____ Referral ☐

Internet Search Engine or Link (Please Specify) _____

Product purpose (opt.) _____

Vitamin, MV, Mineral, Superfood, Supplement or Algae currently used _____

What age are the products intended for? 0-5 ☐ 5-18 ☐ 18-30 ☐ 30-55 ☐ 55+ ☐

Have you purchased from us before? Yes? ☐ No? ☐

Questions or Comments: _____

Payment method:

Credit card: Mastercard ☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Visa ☐ 3 Digit Security Code ☐☐☐

Expiry Date: ☐☐☐☐☐☐ (M M Y Y Y Y) Name on card: _____

Your signature:

Gift voucher value (if any): ☐

Check: ☐ Other*: _____

Please make checks payable to Innovations for Health LLC *We do not accept cash in the post

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Do you know someone else who would benefit from Seagreens®?

Name: _____

Address _____

Address _____ Zip Code: ☐☐☐☐☐ - ☐☐☐☐☐

Email Address _____

Innovations for Health is an approved retailer of Seagreens® products in the United States
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