



## Fax Order Form

Print, then fill out, using a dark pen. Fax the completed form to 530-583-7479 or mail to: Tahoe City Chiropractic PO Box 7526 Tahoe City, California 96145 USA.

You may also order by phone - 530-583-7477

First Name:	Last Name:
Phone Number:	Fax Number (optional):
Email Address:	Is this your first order? Yes ___ No ___
Credit Card #:	Expiration date (month, year):
Signature:	
Street Address (where credit card is billed):	
City:	State or Province:
Country:	Zip:
Shipping Address (if different from above):	
City:	State or Province:
Country:	Zip:

Quantity	Product	Price	Extension
<b>Sales tax (if you're in California):</b>			
<b>Please add \$5 for Shipping:</b>			
<b>Total:</b>			

**Thanks for your order!**