

# INVOICE

820 N Mountain Ave #100  
 Upland, CA 91786  
 Phone: 310.693.5401



Representative Name & Sales Number \_\_\_\_\_

Date \_\_\_\_\_

PO# \_\_\_\_\_

|                 |                 |
|-----------------|-----------------|
| <b>Bill To:</b> | <b>Ship To:</b> |
|-----------------|-----------------|

Representative:    Yes        No  
 Store Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Buyer/Owner Name: \_\_\_\_\_  
 Resale:# \_\_\_\_\_

Shipping Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Shipping City, State, Zip: \_\_\_\_\_

| QTY             | Description- 1 Unit (strips)     | Case Price / SRP (12Units) | \$ Amount |
|-----------------|----------------------------------|----------------------------|-----------|
|                 | TBX-FREE month (120 strips)      | \$ 372.00 / \$ 599.40      |           |
|                 | TBX-FREE week (20 strips)        | \$ 144.00 / \$ 239.40      |           |
|                 | Eupepsia month supply (100)      | \$ 372.00 / \$ 599.40      |           |
|                 | Eupepsia week supply (20)        | \$ 108.00 / \$ 239.40      |           |
|                 | Sumnusent month supply (60)      | \$ 228.00 / \$ 359.40      |           |
|                 | Sumnusent week supply (20)       | \$ 108.00 / \$ 239.40      |           |
|                 | Prolongz 4 day supply (20)       | \$ 108.00 / \$ 239.40      |           |
|                 | Product-X Ed month supply (20)   | \$ 144.00 / \$ 239.40      |           |
|                 | Provaxoltonin month supply (120) | \$ 228.00 / \$ 359.40      |           |
|                 | Blossom month supply (60)        | \$ 228.00 / \$ 359.40      |           |
|                 | Comfort Time month supply (60)   | \$ 84.00 / \$ 239.40       |           |
| <b>Subtotal</b> |                                  |                            | <b>\$</b> |

Billing Name: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 Type of Card: \_\_\_\_\_  
 Credit Card # \_\_\_\_\_  
 CVV \_\_\_\_\_

|                    |           |  |
|--------------------|-----------|--|
| Discounts          |           |  |
| Shipping/Handling  |           |  |
| Credits            |           |  |
| <b>Balance Due</b> | <b>\$</b> |  |

Representative # \_\_\_\_\_  
 Payment Method:  
 Pay Pal  
 Credit Card