

INVOICE

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



Representative Name, Phone # & Salesperson # _____

Date _____

PO# _____

Bill To:	Ship To:
Representative: _____ Yes / No	Address: _____
Store Name: _____	Credit Card # _____
Store Address: _____	Credit Card Exp. Date _____ CVV _____
Store Phone#: _____	Authorization Form - Yes / No
Buyer/Owner Name: _____	
Resale:# _____	

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	
	Capilli Biotin month supply (100 strips) NEW PRODUCT	Pricing to follow	
	Eupepsia month supply (100 strips)	\$ 372.00 / \$ 599.40	
	Eupepsia week supply (20 strips)	\$ 108.00 / \$ 239.40	
	Sumnusent month supply (60 strips)	\$ 228.00 / \$ 359.40	
	Sumnusent week supply (20 strips)	\$ 108.00 / \$ 239.40	
	Prolongz 4 day supply (20 strips)	\$ 108.00 / \$ 239.40	
	Product-X Ed month supply (20 strips)	\$ 144.00 / \$ 239.40	
	Provaxoltonin month supply (120 strips)	\$ 228.00 / \$ 359.40	
	Blossom month supply (60 strips)	\$ 228.00 / \$ 359.40	
	Comfort Time month supply (60 strips)	\$ 84.00 / \$ 239.40	
	Vitamin B-12 month supply (100 strips) NEW PRODUCT	Pricing to follow	
	Multi-Vitamin month supply (100 strips) NEW PRODUCT	Pricing to follow	

Sample Kit Order

3 Units - Mix & Match \$19.95

Number of Kits _____

Products - _____

\$ Sub Total - _____

Subtotal \$ _____ -

Representative # _____

Payment Method Pay Pal (danielle@idfyllc.com) _____

Credit Card _____

Balance Due \$ _____