Mail-In Order Form

viteyes® NEOFLEX GLUCOSAMINE SUPPLEMENT

Order by phone toll-free 24/7 at 1-800-890-EYES (3937), online at www.viteyes.com or www.neoflex.com,
OR MAIL THIS ORDER FORM TO: Vitamin Health, Inc. P.O. Box 26, Mobridge, SD 57601

Qty	Item Description	Price	10% discount Autodelivery (circle one below)	Autodelivery? (circle one below)	Total
	Viteyes® AREDS Formula (3 Month Supply)	$39.95[a]	yes no	90 days 180 days	$
	Viteyes® AREDS Plus Lutein (3 Month Supply)	$39.95[a]	yes no	90 days 180 days	$
	Viteyes® Plus Lutein Beta-Corente Free (3 Month Supply)	$39.95[a]	yes no	90 days 180 days	$
	Viteyes® AREDS Advanced (3 Month Supply)	$59.95[b]	yes no	90 days 180 days	$
	Viteyes® Advanced Beta-Carotene Free (3 Month Supply)	$59.95[b]	yes no	90 days 180 days	$
	Viteyes® AREDS Powder (3 Month Supply)	$64.95[e]	yes no	90 days 180 days	$
	Viteyes® Essentials (3 Month Supply)	$59.95[b]	yes no	90 days 180 days	$
	Viteyes® Multivitamin AREDS Companion (3 Month Supply)	$8.95[c]	yes no	90 days 180 days	$
	Viteyes® Omega-3 (3 Month Supply)	$24.95[d]	yes no	90 days 180 days	$
	Viteyes® Complete (1 Month Supply)	$64.95[e]	yes no	30 days 60 days	$
	Neoflex® Glucosamine, Chondroitin, MSM (1 Month Supply)	$19.95[f]	yes no	30 days 60 days	$
	Neoflex® Joint Health Powder (1 Month Supply)-Shellfish Free!	$24.95[g]	yes no	30 days 60 days	$
	Neoflex® Calcium + Vitamin D (3 Month Supply)	$9.99[h]	yes no	90 days 180 days	$

FREE SHIPPING on all orders over $35.00 - USPS Priority Mail 2-3 Days

Under $35 add $5.50 Shipping	
Total Amount	

Quantity Discounts!

a) 2-3 qty. $37.95 ea., 4-5 qty. $36.95 ea., 6 or more $35.95 ea.
b) 2-3 qty. $55.95 ea., 4-5 qty. $54.95 ea., 6 or more $53.95 ea
c) 2-3 qty. $7.95 ea., 4-5 qty. $7.45 ea., 6 or more $6.95 ea.
d) 2-3 qty. $22.95 ea., 4-5 qty. $21.95 ea., 6 or more $20.95 ea
e) 2-3 qty. $62.95 ea., 4-5 qty. $61.95 ea., 6 or more $60.95 ea.
f) 2-3 qty. $19.95 ea., 4-5 qty. $18.95 ea., 6 or more $17.95 ea.
g) 2-3 qty. $23.95 ea., 4-5 qty. $21.95 ea., 6 or more $19.95 ea.
h) 2-3 qty. $9.49 ea., 4-5 qty. $8.99 ea., 6 or more $8.49 ea.

BILLING ADDRESS (Address where monthly credit card billing statement is sent)

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email Address _____

SHIPPING ADDRESS ☐ Check if same as billing address

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Please enclose your Personal Check, Money Order or Credit Card information. Make Checks or Money Orders payable to VITAMIN HEALTH, INC.

CUSTOMERS WHO REQUEST AUTODELIVERY MUST PROVIDE CREDIT CARD FOR FUTURE PAYMENTS.

☐ Check ☐ Money Order ☐ Credit Card VISA MasterCard DISCOVER AMERICAN EXPRESS

Card Account # _____ Exp. Date Month/Year ____

_____ Signature of Authorized Buyer

_____ Name of Referring Doctor

Vitamin Health
www.vitaminhealthbrands.com