

Mail-In Order Form



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	\$
	Viteyes® AREDS 2 Formula (3 Month Supply)	\$64.95 ^e	yes	no	90 days	180 days	\$
	Viteyes® AREDS 2 Formula (1 Month Supply)	\$23.95 ⁱ	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 \$50.00 - USPS Priority Mail 2-3 Days

Under \$50 add \$8.00 Shipping

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.
- i) 2-3 qty. \$21.95 ea., 4-5 qty. \$20.95 ea., 6 or more \$19.95 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    

Card Account #

Exp. Date Month/Year

 Signature of Authorized Buyer

 Name of Referring Doctor


www.vitaminhealthbrands.com