

R. Tanyi, LLC
CD ORDER FORM
P O Box 1185, Loma Linda, CA
92354
Tel (909) 495-3559 ; Fax (909) 799-9093
Email: info@preventivecareweekly.com
Website : www.preventivecareweekly.com

First Name _____

Last Name _____

Email _____

Phone (Hm) _____ **Cell** _____ **Work** _____

BAD SUGAR CD you are buying:

4-volume-set volume 1 volume 2 volume 3 volume 4

Credit card type: Visa, Master card, American Express, Discover

Credit card # _____

Name on the credit card _____ Date of Expiration _____

Three (3) digit # behind card _____ American Express Four(4) digits # in front card _____ -

Billing address on card _____

I _____ have given R. Tanyi, LLC full permission to charge my credit card the amount of _____ for BAD SUGAR CD, volume _____ including shipping and handling charges. I attest that I am the owner of the credit card or have full authority to use the credit card. You agree for the above credit card to be charged the above amount:

Circle Yes or No

Signature of card holder _____ **Date** _____

Please fax to: (909) 799 9093