Print this Form



Please send me the following product order:

Product Name / Description	# Units	Price Each	Total Price
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
		Sub Total	S
(C	A Only: Sub Total x .81	25) Sales Tax \$	
	3		
	TOTAL PURCH	ASE PRICE \$_	

Products Disclaimer: The statements contained on these pages have not been evaluated by the Food and Drug Administration. Many of these products are NOT considered scientific by the FDA, nor are they even recognized. The products contained here are not intended to diagnose, treat, cure, or prevent any disease. Ideas presented in this document are for *information only* and should not be interpreted as medical advice, meant for diagnosing illness, or for prescriptive purposes. Readers are encouraged to consult their health care provider before beginning any cleanse, diet, detox program, or supplement regimen. The information in this document is not to be used to replace the services or instructions of a physician or qualified health care practitioner.

^{**} Overseas orders, please call or email for quote. We ship Priority Mail or FedEx, unless otherwise specified. We are not responsible for the courier delivery to be on time. Every courier we've tried has been late on rare occasion. If a shipment is late arriving to you, let us know asap. We will retrieve any available credit from that courier.

RETURN POLICY: We will refund the full purchase price (minus shipping charges and a 10% restocking fee) within 30 days of purchase for any unused products that are returned to us in new and sellable condition, except where noted otherwise.

PAYMENT INSTRUCTIONS: Fill out this form completely. Fax this sheet to: 1-877-619-4168

Please make all checks and money orders **PAYABLE TO: "WATERBOY"** NOTE: Allow 4-5 business days for checks to clear prior to sending order.

Credit Card Orders, please complete the following information.

	VISA MC_	Discover	AMEX		
Card Number			Ex	Date:/	
Name on Card (PRINT)					
Billing Address			City		
ST Zip	Phone #		Fax #		
C.V.V. # (required)	(3-diç	git verification number	in reverse italics on	the back of your car	rd)
mail address: (To receive delivery notification.)					
I agree here to waive the r my home or office, via fact card account. I have also	simile machine, and a	uthorize <i>Frequency</i>	Rising or WAT		
Signed: X			Date:		-
SHIP TO ADDRESS: (If	different than address	above)			
Name			Phone:		_
City:			ST	_ Zip	_

Frequency Rising 5658 Antigua Blvd San Diego, CA 92142 ph (951)303-3471 fax (877)-619-4168

email: sales@frequencyrising.com www.frequencyrising.com

Thank you for your order. You will receive a "paid" invoice with your product order.