



TAS USE ONLY	
SR/INV:	
AC:	

CREDIT CARD AUTHORIZATION & DELIVERY FORM

Customer Type: ☐ Current Licensee ☐ New Licensee ☐ Individual

DATE: ____ / ____ / ____ PHONE: (____) ____
MM DD YYYY

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____ EXP DATE ____ / ____ CVV #: _____
MM / YY

EMAIL: _____

SHIP TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NOTE: _____

Products:

TA-65MD® 90 (250U) Capsule Bottle(s): Unit Price*

Qty: ____ x \$ ____ = \$ ____

TA-65® 30 (100U) Capsule Bottle(s):

Qty: ____ x \$ ____ = \$ ____

TA-65® for Skin 1oz:

Qty: ____ x \$ ____ = \$ ____ + BOGO ____

TA-65® for Skin Fragrance Free 4oz:

Qty: ____ x \$ ____ = \$ ____ + BOGO ____

UCLA IMMUNOLOGY TEST KIT:

Qty: ____ x \$ **350** = \$ ____

SALES TAX**: \$ ____

ORDER TOTAL: \$ ____

* Unit Price – See Pricing Guide

** Sales Tax May Apply

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