## **PLACE YOUR ORDER**

**Phone**: 1-888-686-2698 **Fax**: 1-781-639-3275

**Web**: www.BetterWOMANnow.com or

(secure) www.BetterMANnow.com

Mail: BetterWOMAN or BetterMAN,

PO Box 392,

Marblehead, MA 01945

Our knowledgeable customer consultants are available to help you.

## **SAVE MONEY AND TIME WITH OUR** \*90-DAY MEMBERSHIP PROGRAM

When you order either the four- or six-bottle package today, you will be automatically enrolled in our 90-day membership program for future savings and convenience. You will lock in a 30% savings for the product cost and pay only \$9.99 for shipping and handling. After 90 days, and every 90 days thereafter, you will receive a new shipment of four bottles of the product you order today, charged to the credit card you provide. You have no obligation to meet any minimum purchase quantity and can cancel or customize your order at any time with a seven-day advance notice before the next shipment. This program provides savings and convenience, so you will not run out of the product. (Credit card order only. Standard s/h costs will apply for non-US shipping addresses.)

## **Order Form**

0.,	Order Form						
1	# of Bottles	Savings	Price	Total			
Bett	erW0MAN®						
	1	_	\$39.99				
	2	\$12.00	\$67.98				
	*4	\$40.00	\$119.96				
	*6	\$80.00	\$159.94				
	12	\$180.00	\$299.88				
Bett	erMAN®						
	1	_	\$49.99				
	2	\$15.00	\$84.98				
	*4	\$50.00	\$149.96				
	*6	\$100.00	\$199.94				
	12	\$240.00	\$359.88				

\*By ordering one of these options today, you will be automatically enrolled in the 90-Day Membership Program. (See reverse side for details). 

Check here if you do not wish to be enrolled.

Other Great Supporting	ng Products		
Chlor-Energy			
1 pack	_	\$29.99	
3 packs	\$19.98	\$69.99	
EPA-DHA Extra Stren	gth		
1 bottle	_	\$39.99	
3 bottles	\$19.98	\$99.99	
One-Per-Day			
1 bottle	-	\$19.99	
D3 1000			
1 bottle	_	\$19.99	
Shipping & Handlin	g: \$12.99 (Orders ur	nder \$100: \$7.99)	
(Canada Add \$5.00, Caribbea	an and Other Count	ries Add \$20.00)	
	Mass. Res. A	dd 5% Sales Tax	
		Total	

## **Payment Method**

rayinent Method	
Mastercard Visa Amo	ex O Discover O Check/MO
Card Number:	Exp. Date:
Signature (required):	
Daytime Phone (required):	
Name:	
Address:	
City:	State/Zip:
Email Address:	
Where did you hear about us?	
Comments:	