



Check, Money Order, or Fax, ORDER FORM.

Mail this completed form along with your Check or Money Order to; **Pristine Nutraceuticals**,
2805 E. Oakland Park Blvd., Suite 419, Fort Lauderdale, Florida 33306
Or **Fax** this Form complete with Credit Card information to: **Fax: (954)-320-7547**
Or call Customer service at: 1-888-671-2873 www.DigestaCure.com

Package	Price	Quantity
1 Travel bottle DigestaCure . (90 - 500mg Capsules)	\$69.00	_____
1 bottle DigestaCure . (270 - 500mg Capsules)	\$159.00 (Save \$48.00)	_____
3 bottles DigestaCure . (810 - 500mg Capsules)	\$427.00 (Save an additional \$50.00)	_____
6 bottles DigestaCure . (1620 - 500mg Capsules) ..	\$795.00 (Buy 5 Get 1 Free)	_____

U.S. ORDERS SHIPPED U.S.P.S. PRIORITY MAIL (Allow 2-4 days for delivery) (FREE)
U.S. EXPRESS MAIL (Next Day) ORDERS ADD **\$35.00** SHIPPING & HANDLING..... _____
*INTERNATIONAL ORDERS ADD **\$40.00** SHIPPING AND HANDLING..... _____
(Allow 7-15 days delivery for International orders.)

TOTAL For Your Order = \$ _____

SEND U.S. FUNDS ONLY. Make your Check or Money Order Payable To: **Pristine Nutraceutical**
All orders paid by Credit Card or Money Order are shipped within 24 hours of receipt.

Visa / MC / Discover/ AMEX # _____ Expiration Date: _____

CVV# _____ (3 digit number on back of the card)

Print Cardholder's Name as it appears on card: _____

Cardholders acknowledge receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Sale is acknowledged and draft accepted.

Signature is Required for shipment: **X** _____

Billing Name _____ Phone _____

Address

City _____ State _____ Postal Code/Zip _____

*International customers are responsible for all duties and taxes which their respective countries charge for imported goods. We do Not charge or calculate foreign duties or taxes.

E-mail Address _____

Ship to: Name _____ Phone _____

Address _____

City State Zip _____

Do not omit your suite number, province, zip code, or any part of your address.

Return Policy: *Any unopened bottle with the safety seal intact may be returned within 180 days of purchase for a refund. Customers are responsible for providing an address where packages may be received without problem or incident. We cannot be responsible for missing or lost shipments due to incorrect or problem addresses submitted. P.O. Boxes are also acceptable. *A 20% restocking charge will be applied to refused, abandoned, unclaimed, or rejected packages only. "Rejected" includes shipments which are returned from customers who ordered, but who never tried the product. Due to the inability to monitor usage, there are no refunds on opened product containers returned for any reason. Due to potential tampering issues, by law, opened product containers cannot be resold and must be destroyed. This product will detoxify the body from harmful bacterial, viral, parasitic, yeast, and fungal infestations. The purchaser acknowledges that detoxification symptoms can always be avoided by following directions and staying in touch with customer service for re-adjustments if necessary. Due to rising manufacturing costs, the company reserves the right to increase or decrease all product prices without notice. The company also reserves the right to discontinue sales and service to any individual for any reason.