



**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**

<b>Package</b>	<b>Price</b>	<b>Quantity</b>
1 starter bottle <b>DigestaCure®</b> (90 - 500mg Capsules)	\$69.00 .....	_____
<b>1</b> bottle <b>DigestaCure®</b> (270 - 500mg Capsules) .....	\$159.00 <b>(Save \$68.00)</b> .....	_____
<b>3</b> bottles <b>DigestaCure®</b> (810 - 500mg Capsules) .....	\$427.00 <b>(Save \$244.00)</b> .....	_____
<b>6</b> bottles <b>DigestaCure®</b> (1620 - 500mg Capsules) ..	\$795.00 <b>(Save \$497.00)</b> .....	_____

U.S. ORDERS SHIPPED U.S.P.S. PRIORITY MAIL (Allow 3-5 days for delivery) (FREE)  
 U.S. EXPRESS MAIL (Next Day) ORDERS ADD **\$30.00** 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 cardholders 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.

**Satisfaction Guarantee:** Take as directed for the minimum number of days corresponding to your condition as found on the Satisfaction-Guarantee page at [www.digestacure.com](http://www.digestacure.com). Should you be not satisfied with your level of progress or improvement, Call Customer Service at: 1-888-671-2873, for a 100 percent product price refund on your initial order. **Return Policy:** \*Any unopened bottle with the safety seal intact, may be returned within 120 days of purchase for a full product purchase price refund. The Satisfaction Guarantee also applies to product consumed provided consumed as directed. Customers are responsible in 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. Be certain to submit an address where you may receive shipments without problem or incident. 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 never tried the product. Due to manufacturing costs, the company reserves the right to increase or decrease all product prices at will without notice.  
**Refund requests, Call customer service at: 1-888-671-2873.**