

*Required fields

Billing Information: Your BILLING information MUST MATCH the information on file with your Credit Card Company. We will NOT be able to complete your order without a match!

*First Name: _____ MI: _____ *Last Name: _____

*Address: _____ *City _____

*State _____ *Zip Code: _____ *Country _____

*Phone #: _____ *Email Address: _____

Shipping Information: (If Different from Billing Information)

*First Name: _____ MI: _____ *Last Name: _____

*Address (Apt#): _____ *City _____

*State _____ *Zip Code: _____ *Country _____

*Phone #: _____ *Email Address: _____

Credit Card Information:

*Name as it appears on card: _____

*Card Type: _____ *CVC # (last 3 digits on back) _____

*Card Number: _____ *Exp. Date: _____

Product ID/SKU:	Name of Product	Quantity:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Special Instructions: _____

We will email you a confirmation after we have received your fax. Fax the completed order form to our Fax#: 610-358-0372. You may also mail this completed form to:

Chinese Natural Herbs
1011 Arch St. Front
Philadelphia, PA 19107 USA