

## PAYMENT FORM

Patient' s Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

<u>Quantity</u>	<u>Drescription</u>	<u>Price</u>	<u>Amount</u>						
	* 3 Month Supply of Diennet	\$ 630.00 <sup>(1)</sup>							
	* Rush	\$ 50.00							
<b>Note:</b> * Orders are shipped in 3 month increments.  <sup>(1)</sup> \$610 for California only		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="text-align: center;"><b>TOTAL</b></td></tr> </table>			<b>TOTAL</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="text-align: center;">\$</td></tr> </table>			\$
<b>TOTAL</b>									
\$									

-Charge my :    **Visa**                      **Master Card**                      **American Express**                      **Discover**

**Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Billing Information for the above credit card:**

*First Name:*

*Last Name:*

*Street address:*

*City:*

*State:*

*Zip Code:*

*Country:*

*Work Phone:*

*Home Phone:*

\_\_\_\_\_

\_\_\_\_\_

**Cardholder's Signature**

**Date**

**The Diennet Institute  
 9454 WILSHIRE BLVD, M4  
 BEVERLY HILLS, CA 90212  
 Phone# 1-800-272-3436 or 1-310-277-3436**