VISIVITE® ORDER SHEET

4 Easy Ways to Order:

1. On the Web at **VisiVite.Com.**
2. **Fax** this page with your credit card information to 1-631-980-4034.
3. **Mail** this page with your check or credit card information to: Vitamin Science Inc, PO Box 1128, Huntington, NY 11743.
4. **Call Toll-Free 1-877-880-5251.** Credit card information required.

Please check (✓) your selection(s) in the boxes below:

Subscribe & Save!

Our *Subscribe & Save Auto-Delivery Service* Guarantees You Our Lowest Prices Plus FREE Shipping *FOREVER!*

Subscribe & Save 10% PER ITEM beginning with this order and 20% PER ITEM beginning with your next auto-delivery. Skip or cancel anytime.

Product Name	Regular Price	Qty.	Total for 3 Bottles	*Subscribe & Save* Credit/debit card required	Today's Auto-Delivery Price	Next Auto-Delivery Price	Today's Auto-Delivery Total for 3 Bottles
MACULAR AREDS 2 VITAMINS					Save 10%!	Save 20%!	
☐ VisiVite AREDS 2 PLUS+Gold	$29.95	3	$89.85	☐ YES	$26.96	$23.96	$80.88
☐ VisiVite AREDS 2 Select	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite AREDS 2 Chewables	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite AREDS 2 Zinc-Free White	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite AREDS 2 E-Free Blue	$29.95	3	$89.85	☐ YES	$26.96	$23.96	$80.88
EYE SUPPORT FORMULAS							
☐ Reziva Resveratrol	$29.95	3	$89.85	☐ YES	$26.96	$23.96	$80.88
☐ VisiVite Balanced Ocular Support	$29.95	3	$89.85	☐ YES	$26.96	$23.96	$80.88
☐ VisiVite Blue Light Basher	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite Dry Eye Relief TG-1000	$44.95	3	$134.85	☐ YES	$40.46	$35.96	$121.38
☐ VisiVite NightSight	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite Super Lutein 444	$23.95	3	$71.85	☐ YES	$21.56	$19.16	$64.68
☐ VisiVite Quench TG-1000	$29.95	3	$89.85	☐ YES	$26.96	$23.96	$80.88
		Regular Price Subtotal ➤	$			***Subscribe & Save* Subtotal ➤**	$
			$ FREE			**Shipping & Handling:** (FREE when you order 3 or more!)	$ FREE
			$			◄ **TODAY'S TOTAL:** ➤	$

SHIPPING ADDRESS (U.S.A. Addresses Only)

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Auto-Delivery Schedule: Your next order will ship in 3 months. Contact us if you need to delay shipment.

BILLING ADDRESS ☐ same as shipping address

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Method of Payment

☐ **Personal Check or Money Order** (Payable to Vitamin Science, Inc.)

☐ **Credit Card. We accept:**

VISA MasterCard AMERICAN EXPRESS DISCOVER

Customers who join the *Subscribe & Save* program must provide credit card for future auto-delivery payments.

Exp. Date

Signature: _____

Vitamin Science, Inc.
PO BOX 1128, Huntington, NY 11743
TOLL-FREE: 1-877-880-5251 • FAX: 1-631-980-4034