Order Form

PO Number (required for processing): _____

Date: _____

Send Orders to: Health Wave, Inc.
39 Davenport Street
Stamford, CT 06902
Telephone: 1-800-374-7953
Fax: 1-203-975-7946

Bill to:

Name: _____
Title: _____
School: _____
Street: _____
City: _____ State: ____ Zip: _____
Phone: _____
Email: _____

*Ship to:

Name: _____
Title: _____
School: _____
Street: _____
City: _____ State: ____ Zip: _____
Phone: _____
Email: _____

QTY	ISBN#	TITLE/DESCRIPTION	PRICE	TOTAL

GUARANTEE:
You are assured complete satisfaction in your purchase from Health Wave. If you have a question or concern, or need to arrange an exchange or refund, please call us toll-free at 1-800-374-7953.

SUB-TOTAL

* Shipping and Handling:
Under $300 add 15%
Between $300 and $1,000 add 10%
Over $1,000 add 8%

TOTAL

FOR MORE INFORMATION on any of our products CALL 1-800-374-7953, e-mail us at hpwinfo@healthwaveinc.com or visit us online at www.healthwaveinc.com.

* We ship FedEx. Please provide street address; FedEx cannot deliver to a P.O. Box. Please allow 2-4 weeks for delivery. Express delivery services are available at additional cost.