

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%
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 .	TOTAL * 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.