

SHIPPING ADDRESS

Name _____
 Street Address _____
 Apt/Suite/Unit/Etc. _____
 City _____ State _____ Zip Code _____
 Phone _____
 Email _____

BILLING ADDRESS
 Check if same as shipping address

Name _____
 Street Address _____
 Apt/Suite/Unit/Etc. _____
 City _____ State _____ Zip Code _____
 Phone _____
 Email _____

PAYMENT

 Payment Method: *Check (please make checks payable to ATHFAR 828, Inc.)* *Credit Card*

 Card Type:  Visa  MasterCard  Discover  American Express

Name on Card: _____ Card Number: _____

Expiration Date: ____ / ____ CVV2 (CSC): _____ (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

Item	Size	SKU	Price	Qty.	Total
Full Face Liners -1 Month Supply	Small	F101	\$24.95		
Full Face Liners -1 Month Supply	Medium	F102	\$24.95		
Full Face Liners -1 Month Supply	Large	F103	\$24.95		
Nasal Liners -1 Month Supply	One Size Fits All	N500	\$24.95		
Minimal Contact Liners -1 Month Supply	Amara View/AirFit F30/DreamWear Full Face	V200	\$24.95		
FitLife Liners -1 Month Supply	Small	T101	\$34.95		
FitLife Liners -1 Month Supply	Large/XL	T103	\$34.95		

MONTH SUPPLY SUBTOTAL

Full Face Liners -1 Week Supply	Small	F101	\$6.50		
Full Face Liners -1 Week Supply	Medium	F102	\$6.50		
Full Face Liners -1 Week Supply	Large	F103	\$6.50		
Nasal Liners -1 Week Supply	One Size Fits All	N500	\$6.50		
Minimal Contact Liners -1 Week Supply	Amara View/AirFit F30/DreamWear Full Face	V200	\$6.50		
FitLife Liners -1 Week Supply	Small	T101	\$9.00		
FitLife Liners -1 Week Supply	Large/XL	T103	\$9.00		

WEEK SUPPLY SUBTOTAL

Michigan residents add 6% sales tax

Month Supply Shipping Qty. x \$2.00

Week Supply Shipping Qty. x \$1.50

TOTAL:

SEND ORDER TO: ATHFAR 828, Inc.
 274 West Cortland Street
 Jackson, MI 49201

Phone: (231) 598-9377
Fax: (231) 598-9254
orders@silentnighthealth.com