

Manage Blood Sugar**

Decrease Cravings**

Boost Fat Loss**

Increase Energy**

PURE MAJIK

weight loss & wellness support**



Majik Order Form

QUANTITY

EMAIL

_____ X \$69.95 = _____
 # Bottles Total

_____ Email Address

PERSONAL INFORMATION* This field is required

_____ Full Name Phone Number Account Number

PAYMENT INFORMATION* This field is required

Credit card on file (Current customer or BP) Last 4 digits CVV

(New customer or BP)

_____ Social Security # Date of Birth

NEW CREDIT CARD



_____ Card Number Name on Card

_____ Expiration Date CVV

By signing, I authorize the purchase as indicated on this form. I acknowledge that the total charge will vary from the subtotal, based on the calculation of shipping and handling fees.

ADDRESS INFORMATION* This field is required

BILLING ADDRESS

_____ Address City State Zip

SHIPPING ADDRESS Same as billing address

_____ Address City State Zip