



**BOOK ORDER FORM**

**Testosterone for Life:** Recharge Your Vitality, Sex Drive, Muscle Mass, and Overall Health

\_\_\_\_ NUMBER OF BOOKS YOU WOULD LIKE TO ORDER      \_\_\_\_ PRICE PER BOOK x \$20.95CDN

\_\_\_\_ SUBTOTAL

\_\_\_\_ GST (5%)

\_\_\_\_ TOTAL AMOUNT DUE + SHIPPING COSTS \_\_\_\_\_ = TOTAL \$ \_\_\_\_\_

Book(s) are shipped via priority post 3-5 days - \$10CDN shipping cost

**MAILING ADDRESS:** (PLEASE PRINT NEATLY & CLEARLY)

STREET \_\_\_\_\_ SUITE/ APT # \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL \_\_\_\_\_

TEL# \_\_\_\_\_ FAX# \_\_\_\_\_ EMAIL \_\_\_\_\_

CREDIT CARD : Visa  Amex  Master Card  **CREDIT CARD #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EXPIRY DATE:** \_\_\_\_ / \_\_\_\_ **3 DIGIT SECURITY CODE BACK OF CARD:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**BILLING ADDRESS/ TEL # – exactly the way it appears on your bill for security verification:**

\_\_\_\_\_  
\_\_\_\_\_

**Tel #:**

\_\_\_\_\_

**PRINT FULL NAME AS APPEAR'S ON CARD:** \_\_\_\_\_

**SIGNATURE OF CARD HOLDER:** \_\_\_\_\_

I understand the book(s) are non-refundable and I authorize TRUBALANCE HEALTHCARE INC., to charge my credit card for the stated full amount. I CONFIRM THAT THE INFORMATION IS ACCURATE & THE SIGNATURE ON THIS FORM IS THE SAME AS THE SIGNATURE ON MY CREDIT CARD. I CONFIRM THAT THE ADDRESS PROVIDED IS MY BILLING ADDRESS FOR THIS CARD. PLEASE FAX THIS FORM BACK TO OUR OFFICE - FAX# 1.866. 418.9343 FOR ALL QUESTIONS CALL: TEL: 647-884-0663

**TruBalance Healthcare Inc. 201 Wilson Street East, Ancaster, Ontario L9G 2B8**