



INTERNATIONAL ORDER FORM

Date: _____
 Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Tel: _____ Business Tel: _____
To: Janet M. Jenkins
 Cellex-C Junior Inc.
 9 New Street, Toronto, Ontario, Canada M5R 1P7.
 Fax order to: 1-416-924-5133

MOTHER & CHILD PRODUCT DESCRIPTION	UNIT SIZE	RETAIL PRICE	TOTAL ORDERED	PRICE \$US
JR11000 SPIDER VEIN COMPLEX	60mL	65.00		
JR12000 HAIR RECOVERY COMPLEX	120mL	65.00		
JR13000 STRETCH MARK CREAM	250mL	65.00		
JR14000 DIAPER RASH OINTMENT	100mL	35.00		
JR15000 AQUA-VERNIX BABY MOISTURIZER	100mL	35.00		
JR16000 BABY SUNSAFE CREAM SPF 30+	100mL	35.00		

Payment Method (please check one):

Visa American Express
 Mastercard Money Order

Card Number: _____

Expiry Date: _____
 _____/____

Subtotal _____
 Taxes _____
Total in \$US _____

(Shipping and handling charges are not included)

Shipment Request:

Shipping and handling charges to be determined.

UPS Ground UPS Air
 FEDEX Air Post

All prices are in \$US