



Cellinite Technologies, Inc.
300 First Avenue
Needham, MA 02494

Join The Oxygen Revolution™

Order Form

Bill To: _____

Ship To: _____

Date:
P.O. #

Product (Application, Number of Tablets, etc.)	Quantity

Shipping Requests:

Due By: _____

Preferred Payment:

- Check (Terms: Net 15 Days)
- Credit Card
 - Visa Mastercard American Express

CC# _____ EX: _____

Name On Card _____

Street Address _____

City, State, Zip Code _____

By Submitting this order form, I hereby authorize this order and will submit payment according to Cellinite's policy.

Name: _____ Company: _____

Date: _____