



## Billing Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

## Shipping Information (if different from billing)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

### Method of Payment:


 
 
 
 

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_  
 MONTH / YEAR

Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Card Verification Code (CVV2): \_\_\_\_\_

*(This is the **3-digit** code located on the back of your credit card, on the signature strip just to the right of the card number.)*



*On **American Express** cards, the 4-digit code is on the front of the card, just above and to the right of the embossed card number.*

Quantity	Description	Price	Total
	SoCal Cleanse® - 120 Capsules (30 Day Supply)	\$29.99	
	CA State Tax	8.25%	
	Shipping	\$8.50	\$8.50
	<b>Grand Total</b>		<b>\$</b>

Please make money order payable to **Ripped Tide Nutrition, Inc.**

Please **mail** completed form to:

Ripped Tide Nutrition, Inc.  
 PO Box 2321  
 Los Angeles, CA 90078-2321

***Thank you for your purchase!***

If you have any questions, please contact us via email at [info@socalcleanse.com](mailto:info@socalcleanse.com).