

SinusAide® Order Form

Please complete form and fax or mail to this address:

SinusAide Orders

5580 Broadcast Ct.

Sarasota, FL 34240

Toll Free Fax: 888-907-2226

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ Email (optional) _____

(Your personal information will NOT be shared with anyone, under any circumstances.)

Method of Payment:

Credit Card (faxes and mail in) **Check** (mail in only – make checks payable to **SteriSolutions**)

Credit Card Number _____ Exp Date _____ Security Code _____

Are You?

Medical Professional (optional) Consumer (optional)

How Did You Find Out About Us?

Medical Professional Internet Search

Other _____



SinusAide® Boxes (15 containers per box)

Qty _____ at **\$11.99** per box

Sub-Total _____

(Please add 6% sales tax for shipments to Kentucky.)

Shipping _____

(1 box = \$3.90. 2 boxes = \$4.80. 3 boxes = \$4.80. 4 boxes = \$9.80.)

TOTAL* _____

* By submitting this form, via fax or email, you are giving permission to charge your credit card for the amount shown above – if credit card option is selected.

--- You can also order through our secure website... <http://www.sinusaide.com> ---

QUESTIONS? Call customer service toll-free **888-907-2225**