



# FAX/MAIL-IN ORDER FORM

## ORDER OPTIONS

### FAX:

- 1) Print out this order form.
- 2) Fill out the information below.
- 3) Fax to : 1-520-885-1846.
- 4) We will contact you regarding payment options.

### MAIL-IN:

- 1) Print out this order form.
- 2) Fill out the information below.
- 3) Include a check or money order (*payable to Mindfold, Inc.*) for total amount or fill out the credit card information below and sign where indicated.
- 4) Mail to: Mindfold, Inc.  
8043 E. 7th Street  
Tucson, AZ 85710

### CALL-IN:

- 1) Call us at 1-888-705-3805.
- 2) Place your order.

## MY ORDER

Mindfold Relaxation Mask      Qty. \_\_\_\_\_ @ \$19.50 each      Price \_\_\_\_\_

Sales Tax \_\_\_\_\_

(AZ residents only 7.6%)

Enter your Special Rate Code here (if applicable): SRC-\_\_\_\_\_      Total \_\_\_\_\_

## PAYMENT INFORMATION

\_\_\_\_ Check/money order is enclosed.

\_\_\_\_ Bill my credit card      \_\_\_\_ MC      \_\_\_\_ Visa      \_\_\_\_ Amex      \_\_\_\_ Discover

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ (mm/yy)

Signature: \_\_\_\_\_

## SHIPPING INFORMATION

Contact Name (first, last): \_\_\_\_\_

Company (optional): \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone (include area or country code): \_\_\_\_\_

email address (optional): \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_