



ROYAL CHAMPION

Royal Champion

www.royalchampion.com
27132B Paseo Espada
Suite1206
San Juan Capistrano, CA 92675
1.800.269.8391

SHIPPING ADDRESS:

Name: _____
Street Address: _____
City: _____ Zip: _____
State: _____ Country: _____
PH: _____ e-mail: _____

ITEM#	QTY	DESCRIPTION	UNIT TOTAL	LINE TOTAL
4000-0001		<input type="checkbox"/> CLASSIC - 1 Month	\$36.00	
4000-0002		<input type="checkbox"/> CLASSIC - 3 Month	\$105.00	
4000-0003		<input type="checkbox"/> CLASSIC PACK - (1 Month Supply)	\$46.50	
2000-0001		<input type="checkbox"/> PREMIUM - 1 Month	\$49.00	
2000-0002		<input type="checkbox"/> PREMIUM - 3 Month	\$138.00	
2000-0003		<input type="checkbox"/> PREMIUM PACK - (1 Month Supply)	\$58.90	
1000-0001		<input type="checkbox"/> PREMIUM PLUS - 1 Month	\$59.00	
1000-0002		<input type="checkbox"/> PREMIUM PLUS - 3 Month	\$167.00	
1000-0003		<input type="checkbox"/> PREMIUM PLUS PACK - (1 Month Supply)	\$68.20	
3000-0001		<input type="checkbox"/> PREMIUM PLUS JOINT SUPPORT - 1 Month	\$94.00	
3000-0002		<input type="checkbox"/> PREMIUM PLUS JOINT SUPPORT - 3 Month	\$273.00	
3000-0003		<input type="checkbox"/> PREMIUM PLUS JOINT SUPPORT PACK- (1 Month Supply)	\$108.50	
620		<input type="checkbox"/> SHIPPING - FLAT RATE (Under\$100.00)	\$5.00	
600		<input type="checkbox"/> SHIPPING - FLAT RATE (Over \$100.00)	\$15.00	
TOTAL				

METHOD OF PAYMENT: INVOICE CREDIT CARD (CC)

Name (As it appears on CC): _____

Billing Address: _____

City: _____ Zip: _____

State: _____ Country: _____

Phone: _____ e-mail: _____

Card Number: _____

Expiration Date: _____ CSC (Security Code): _____

CC Type: _____

FAX ORDER TO: (310) 510-6799

Signature

Date