

**Order Form - Trendcare, Inc**

Please return entire FORM with check or Credit Card Information

Date:

Customer ID:

 I am a new customer**Bill to:****Ship to:** Same as billing info

Name:

Name:

Address:

Address:

City:

State:

Zip:

City:

State:

Zip:

Phone:

Cell:

Phone:

Cell:

Fax:

Fax:

Email:

Email:

ITEM Name ITEM Number #	Description	Unit	Unit price	Qty	Total
Consultation # CST 1	By phone	30 minutes	\$ 99		
Custom-made Loose Herbs # CML 1	Self Cook become to Tea	1 month	\$ 299		
Custom-made Capsule # CMC 1	Powder inside capsule	1 month	\$ 249		
Custom-made Powder # CMP 1	Powder	1 month	\$ 199		
Formula Package # F1, F 2, F 3, F 4	Powder, 100g/per bottle	4 bottle	\$ 199		
<ul style="list-style-type: none"> <li>Phone: 301-2199094, 703-8293536 Fax: 703-2044542</li> <li>Email: Service@trendcare.com</li> <li>8301 Arlington blvd., #407, Fairfax, VA 22031</li> </ul>			Sub Total		
			Shipping & Handling		\$ 9.99
			Total Payment		

**Credit Card**  VISA  MASTER

Name of Card Holder:

Card Number:

Expiration:

3-Digit Validation code:

Billing Zip code:

Card Holder Signature: X

Date:

**Payment:** We accept Visa, Master cards and money order in US funds enclosed.**Return:** Please contact us for authorization and instructions before returning an item. We regret that all **Custom-Made** herbal medicine and opened, marked or tagged merchandise cannot be returned or exchanged. The custom-made herb is special design for you. All unopened standard products or formulas may be returned, exchanged, credited, or refunded with a copy of the original invoice within 30 days. We do not accept returns made later than 30 days of purchase.

Customer is responsible to pay the shipping fee to our office.

**Shipping & Delivery:** Order will be shipped by UPS ground or USPS Priority Mail. When payment is confirmed, Please allow 7 - 10 days to process and deliver the herbs.**FDA Compliance:** The purchaser accepts full responsibility for the safe and proper use of the products and agrees to indemnify and harmless from any consumer claims against the ultimate use of these herbal products. This publication presents information in truthful and accurate manner; however the following statement is required by FDA: These statements have not been evaluated by Food and Drug Administration. These products are not intended to diagnose, treat cure or prevent any disease.**Informed Consent:** I understand that some herbs may be inappropriate during pregnancy. Therefore, I will notify the traditional Chinese medicine practitioner who are caring for me if I am or become pregnant. I do not expect the traditional Chinese medicine practitioner to be able to anticipate and explain all risks and complications of treatment.**NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.** I understand about the agreement and police. I agree and accept all the police.

Signature: X \_\_\_\_\_ Name(Print): \_\_\_\_\_, Date: \_\_\_ / \_\_\_ / \_\_\_