

**MEDIRAL INTERNATIONAL INC**

**2009 ORDER FORM**

6090 East 39<sup>th</sup> Avenue  
 Denver, CO 80207 USA  
 303-331-6161 / fax 303-355-4155  
 toll free 877-MEDIRAL (877-633-4725)  
 Orders: [orderdesk@mediral.com](mailto:orderdesk@mediral.com)  
 Inquiries: [homeopathy@mediral.com](mailto:homeopathy@mediral.com)  
[www.mediral.com](http://www.mediral.com), [www.zeniral.com](http://www.zeniral.com)



ZENIRAL PRODUCTS	SIZE	RETAIL	QUANTITY		
			ORDERED	\$ TOTAL	
Animal Dander Allergy _____	HOMEOPATHIC 65223-250-01	1 fl oz	\$ 9.70		
Cold & Flu Aid _____	HOMEOPATHIC 65223-251-01	1 fl oz	\$ 9.70		
Cough Spray _____	HOMEOPATHIC 65223-252-19	1 fl oz	\$ 9.80		
Defense Aid _____	HOMEOPATHIC 65223-253-01	1 fl oz	\$ 9.70		
Digest Aid _____	HOMEOPATHIC 65223-254-04	4 fl oz	\$11.70		
Fem-M Aid _____	HOMEOPATHIC 65223-256-01	1 fl oz	\$ 9.70		
Flex Aid _____	HOMEOPATHIC 65223-257-01	1 fl oz	\$ 9.70		
Ginseng Plus _____	HOMEOPATHIC 65223-255-04	4 fl oz	\$11.70		
Hay Fever Allergy _____	HOMEOPATHIC 65223-258-01	1 fl oz	\$ 9.70		
Headache Aid _____	HOMEOPATHIC 65223-259-01	1 fl oz	\$ 9.70		
Injury Aid _____	HOMEOPATHIC 65223-260-01	1 fl oz	\$ 9.70		
Insomnia Aid _____	HOMEOPATHIC 65223-261-01	1 fl oz	\$ 9.70		
Memory Aid _____	HOMEOPATHIC 65223-262-01	1 fl oz	\$ 9.70		
Mold & House Dust Allergy _____	HOMEOPATHIC 65223-263-01	1 fl oz	\$ 9.70		
Mucus Dissolver _____	HOMEOPATHIC 65223-264-04	4 fl oz	\$11.70		
Pain Aid _____	HOMEOPATHIC 65223-265-01	1 fl oz	\$ 9.70		
PMS Aid _____	HOMEOPATHIC 65223-266-04	4 fl oz	\$11.70		
Relax Aid _____	HOMEOPATHIC 65223-267-04	4 fl oz	\$11.70		
Sinus Aid _____	HOMEOPATHIC 65223-268-01	1 fl oz	\$ 9.70		
Sore Throat Spray _____	HOMEOPATHIC 65223-269-19	1 fl oz	\$ 9.80		
Stomach Aid _____	HOMEOPATHIC 65223-270-01	1 fl oz	\$ 9.70		
Stress Aid _____	HOMEOPATHIC 65223-271-01	1 fl oz	\$ 9.70		
Vertigo Aid _____	HOMEOPATHIC 65223-272-01	1 fl oz	\$ 9.70		

**SUBTOTAL** \_\_\_\_\_  
**TAX** \_\_\_\_\_  
**SHIPPING** \_\_\_\_\_  
 \*Free Shipping Over \$500  
**TOTAL DUE**

DATE \_\_\_\_\_ TIME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_ NET TERMS \_\_\_\_\_

ORDERING COMPANY \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SIGNATURE AUTHORIZING \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

PREFERRED METHOD OF SHIPMENT: \_\_\_\_\_ UPS GROUND; \_\_\_\_\_ UPS 3-DAY; \_\_\_\_\_ UPS 2-DAY; \_\_\_\_\_ UPS OVERNIGHT ( UPS DOES NOT DELIVER TO PO BOXES )

\*Free shipping applies to wholesale and retail accounts, single orders totaling over \$500, distributors and sales agents are not eligible. Qualifying orders are shipped via UPS Ground service within the continental US. Authorized returns must be made within 5 days of receipt, and are subject to a 25% disposal fee. Please notify Mediral of any errors or adjustments immediately.

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If you haven't set up an account yet, please take a moment to complete & return this form.  
If you already have an account with Mediral, please forward this form to an associate who might be interested. Thank you.

**New Client Registration Form**

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Authorized Personnel \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Entity: C-Corporation S-Corporation LLC Partnership Sole Proprietorship Other \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Sign Me Up For Free Newsletter: Mail \_\_\_\_\_ E-Mail \_\_\_\_\_ E-Mail Address \_\_\_\_\_

How Did You Hear About Mediral International, Inc? \_\_\_\_\_

<p><i>For Colorado Companies or Residents Only:</i></p> <p>State Sales Tax License Number _____</p> <p>City, County and/or Local Sales Tax License Numbers _____</p> <p>_____</p>
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\_\_\_\_\_  
Signature Completed By Date

Agent

<p>FOR OFFICE USE ONLY</p> <p>Account # _____</p> <p>Date of 1<sup>st</sup> Order _____</p> <p>Source: _____</p>
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