



Client Information Form

Please complete page one with your first order, for subsequent orders, start on page two.

If you do not wish to complete this form online at nutrition-dietservices.com/orderform, you may do one of the following:

(1) Fax: Print the package forms, complete and FAX to: (503) 654-3669 OR

(2) Email: Complete the package and email to: services@nutrition-dietservices.com

Name: _____ Date: _____

Company Name (if applicable): _____

Address: _____

City: _____ State/Prov: _____

Country: _____ Zip/Postal Code: _____

Phone: _____ Extension: _____ Fax: _____

Cell Phone: _____ Email: _____

Please use our price list to estimate total cost (all prices in US dollars):

Amount of payment: _____

Form of Payment:

Check (Cheque) enclosed (payment should be in US dollars + payable to Nutrition and Diet Services)

Purchase order number _____

Credit card: VISA MasterCard American Express

Number: _____

Expiration date: _____