



# 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-diet-services.com/orderform](http://nutrition-diet-services.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-diet-services.com](mailto:services@nutrition-diet-services.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Amount of payment: \_\_\_\_\_

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**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: \_\_\_\_\_ CCV Code: \_\_\_\_\_