

TREHALOSE ORDER FORM

Best way to order is online at www.endowmentmed.org or www.ordertrehalose.com

MAIL ORDER FORM TO:
The Endowment for Medical Research, Inc.
P. O. Box 73089, Houston, Texas 77273

FAX ORDER FORM TO: (281) 397-6789
PHONE US AT: (281) 587-2020

Larger quantities priced for resale or great savings. Prices subject to change without notice.
Payment accepted in US funds only. Shipped by Flat Rate Priority Mail or Flat Rate Global Priority Mail.
If mailing Form, make checks payable to: The Endowment for Medical Research, Inc.

Trehalose Is Packaged In One Pound Bags

3 lbs \$7/lb USA \$9.99 s&h (\$21+\$9.99=\$30.99)	\$ 30.99	\$
5 lbs \$7/lb USA \$9.99 s&h (\$35+\$9.99=\$44.99)	\$ 44.99	\$
10 lbs \$6/lb USA \$9.99 s&h (\$60+\$9.99=\$69.99)	\$ 69.99	\$
15 lbs \$5.77/lb USA \$9.99 s&h (\$86.55+\$9.99=\$96.54)	\$ 96.54	\$
18 lbs \$5.77/lb max. box to Canada & Mexico + \$31.95	\$135.81	\$
18 lbs \$5.77/lb max. box to other countries + \$53.30	\$157.16	\$
25 lbs \$5.47/lb USA \$13.99s&h(\$136.75+\$13.99=\$150.74)	\$150.74	\$
36 lbs \$5.47/lb 2 boxes to Canada & Mexico + \$63.90	\$260.82	\$
36 lbs \$5.47/lb 2 boxes to other countries + \$106.60	\$303.52	\$
50 lbs \$4.77/lb FREE SHIPPING IN US SAVE \$111 over \$7/lb price	\$238.50	\$
54 lbs \$4.77/lb 3 boxes to Canada & Mexico + \$95.85	\$353.43	\$
54 lbs \$4.77/lb 3 boxes to other countries + \$159.90	\$417.48	\$
Orders shipped outside the US subject to custom charges, international shipping costs may vary. Shipments are Flat Rate Priority and INSURED Flat Rate Global Priority. For INSURED Express mail information go to www.usps.com . All shipments are FOB Houston, Texas. Payment must be in US Dollars. Contact us at (281) 587-2020 for emergencies.	Express shipping extra	\$
	TOTAL:	\$

Total includes shipping

Name: _____ Date: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Fax Number: _____

e-mail: _____

Cash Check # _____ Credit Card ___ Visa ___ Master Card ___ American Express ___ Discover

Credit Card Number: _____ Exp. Date: _____ Code: _____

Name/Address on card (if different from above): _____

City: _____ State/Province: _____ Zip: _____

Signature: _____ Amount Charged:\$ _____

A portion of the profits from this sale goes to The Endowment for Medical Research, Inc.