

RETAIL PRICE LIST



Tools for True Health™

2 BAY RD. SUITE 102, HADLEY MA 01035-9511
ORDERS: (800) 851-5444 • FAX: (800) 626-0108
www.mossnutrition.com

We welcome telephone orders. Our office hours are: Monday - Friday, 9:00 - 5:00 PM.
If you choose to order by mail, please enclose your check or your credit card number. Please fill in:

PRACTITIONER ACCOUNT #: _____ SHIP TO: _____
PRACTITIONER NAME: _____ ADDRESS: _____
PATIENT NAME/ACCOUNT #: _____ CITY: _____
PATIENT'S 9-5 PHONE NUMBER: _____ STATE: _____ ZIP: _____
PATIENT'S E-MAIL ADDRESS: _____ **Please visit our WEBSITE at: www.mossnutrition.com.

- PATIENTS **MUST INCLUDE A 9-5 PHONE NUMBER & PRACTITIONER'S NAME, OR THE ORDER CANNOT BE PROCESSED.**
- **ONLY ORDERS RECEIVED BY NOON ARE GUARANTEED SAME DAY SHIPPING.**
- PRICES SHOWN are current at time of publication and are subject to change without notice. Orders will be billed at current prices.
- For EXPRESS DELIVERY or POST OFFICE DELIVERY, please call our office for prices (cost depends on the weight of your package).
- **RETURNS POLICY: All returns must first be authorized by Moss Nutrition. Please call us for a Return Authorization Number (RMA). Each return must include practitioner's name and account number, invoice number, date, and reason for return. OUTER PLASTIC SAFETY SEAL MUST BE IN PLACE, and NO MARKINGS on the bottle.**
- Returns must be made **WITHIN 30 DAYS OF INVOICE DATE** and are subject to a **15% RESTOCKING FEE.**
- PUBLICATION DATE: January 15, 2012

WE THANK YOU FOR YOUR ORDER!

1. Sub-total: (fill in quantities on pages following): _____
2. Mass residents add 6.25% sales tax: _____
3. U.P.S. Ground shipping charge plus handling: _____ **\$8.00**
4. Total Due/Enclosed: _____

FOR CC ORDERS: VISA / MC / Amex / Discover (CIRCLE):

CARD #: _____
Exp. Date: _____ Name on Card: _____

SIGNATURE: _____

NOTE! Include billing address for the card if different than above.

IMPORTANT SHIPPING INFORMATION:

1. Invoices are dated the day the order is shipped. Packages are shipped by the United Parcel Service wherever possible. Be sure to arrange for someone to receive the package. UPS requires signature for proof of delivery.
2. In the event there is no one to receive the package on the first try, UPS will make two more attempts to deliver, after which the package will be shipped back to us, and *you will be charged for the shipping.*
3. If there is a back order on your order, you will be billed only for what is sent. Back orders are generally filled within one week. You do not pay shipping on the back order. We will notify you by phone if we anticipate a delay in shipping all or part of your order.
4. **DAMAGED or MISSING ITEMS:** Packages delivered by UPS in a damaged or incomplete condition **MUST** be reported to our office within 48 hours of receipt. Items missing **MAY** indicate that a package was tampered with after leaving our office. *Please retain the original shipping carton for UPS examination.* Following their inspection of the package, UPS will pick up the damaged product(s) and handle all details on the claim, notifying us. Do not return damaged packages to us.

