



DEALER ID # \_\_\_\_\_

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

PO: \_\_\_\_\_

CSR: \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

**SHIP TO:** \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Credit Card #	<input type="checkbox"/> AMEX <input type="checkbox"/> DISCVR <input type="checkbox"/> MC <input type="checkbox"/> VISA	_____ Expiration Date: _____	Check or Money Order # _____ Security Code: _____
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UNITS

Item #		Black	White	Sand	Silver	Mid. Blue	Price Ea.	S/H Ea	Qty	Total
	HEALTHMATE									
	HEALTHMATE JR									

Item #	SUPERBLEND	Black	White	Sand	Silver	Mid. Blue	Price Ea.	S/H Ea	Qty	Total
	HEALTHMATE PLUS									
	HEALTHMATE PLUS JR									

Item #	ALLERGY	Black	White	Sand	Silver	Mid. Blue	Price Ea.	S/H Ea	Qty	Total
	ALLERGY MACHINE									
	ALLERGY MACHINE JR									

Item #	BEDROOM	Black	White	Sand	Silver	Mid. Blue	Price Ea.	S/H Ea	Qty	Total
	BEDROOM MACHINE									

Item #	PET	Black	White	Sand	Silver	Mid. Blue	Price Ea.	S/H Ea	Qty	Total
	PET MACHINE									

Item #	BABY'S BREATH		Pink	Blue			Price Ea.	S/H Ea	Qty	Total
	BABY'S BREATH									

FILTERS

Item #	Filter Model	Black	White	Price Ea.	S/H Ea	Qty	Total
	HEALTHMATE STD						
	HEALTHMATE JR						
	HM PLUS STD						
	HM PLUS JR						
	ALLERGY STD						
	ALLERGY JR						
	5-STAGE						
	PET MACHINE						
	BABY'S BREATH						

PRE-FILTERS

Item #	Size	Black	White	Price Ea.	S/H Ea	Qty	Total
	Standard						
	Junior						

**Notes:** Model # \_\_\_\_\_  
 Serial # \_\_\_\_\_  
 DOM: \_\_\_\_\_  
 Color: \_\_\_\_\_

SUBTOTAL: \_\_\_\_\_  
 SHIPPING COST: \_\_\_\_\_  
 SALES TAX: \_\_\_\_\_  
**ORDER TOTAL:** \_\_\_\_\_