

Date:

**Sold To:**

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax : \_\_\_\_\_

Email: \_\_\_\_\_

**Ship To:**

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

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

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Item Code	Model Name	Style	Color	Size	Qty	Price	TOTAL

Shipping Chart/ US Funds	Expedited To: Canada 3-7 biz days	Air Mail To: USA 10-14 biz days	Expedited To: USA 4-8 biz days	Xpresspost To: USA 2-3 biz days	To: Int'l
Order Totals:					
1 Items	\$ 14.95	\$ 6.95	\$18.95	\$27.95	Please contact us for rates
2 Items	\$ 15.95	\$ 8.95	\$19.95	\$28.95	
3-4 Items	\$ 16.95	\$12.95	\$21.95	\$29.95	
5-10 Items	\$ 19.95	\$16.95	\$24.95	\$34.95	
More than 10 Items	Please contact us for rates				

Sub Total	<input type="text"/>
Shipping & Handling	<input type="text"/>
<b>TOTAL US Funds</b>	\$ <input type="text"/>

Certified Check  
  Money Order  
  Bank Draft  
  Visa  
  MasterCard  
  Amex  
  Discover

(Sorry, Personal checks can no longer be accepted)

Name on Card: _____	Card#: _____
_____	Card Code: _____ Expiry Date: _____

**Checks & M/O Payable to:**  
**Far Infrared Health Inc.**  
 2620 Regatta Dr. Suite #102,  
 Las Vegas, NV 89128 USA

**Call Toll Free: 1-888-327-9663**  
<http://www.therapygloves.com>  
 E-Mail: [info@therapygloves.com](mailto:info@therapygloves.com)

**Shipping Dept.**  
 Far Infrared Health  
 2225 - 21331 Gordon Way  
 Richmond, BC V6W 1J9 Canada

Fax Orders To: 1-604-244-9510