



A 60-Day Visceral Fat Reduction Program

ORDER FORM

YES! I want to participate in the Midriff Melt Program.

Name: _____

Email: _____

Cell Phone: _____

Cash Check Credit card

Credit Card Authorization

Credit Card Information	
Card Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration date (mm/yy):	_____ Security Code (3 or 4 digits) _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize the use of my credit card above for the purchase of the Metabolic Reset program in the amount \$_____.

Customer Signature

Date

My main reason(s) for participating in this program is:

