



ORDER FORM
FOR **AOAPRM**
MEMBERS ONLY

CLIENT

Company Name: _____ Phone #: _____

Address: _____ Email: _____

_____ Contact: _____

PRODUCT

ALLEVIA X Extra Strength: Cases _____ x \$310.00 = \$ _____

ALLEVIA X CBD-Enhanced: Cases _____ x \$300.00 = \$ _____

Shipping Charges: \$ _____

CREDIT CARD INFORMATION

Card Number: _____

Exp. Date: _____ CVV _____ Zip Code _____

INITIAL MARKETING PACKAGES

Level 1 Level 2

CONTRACT TERM

Monthly Annual - Monthly Recurring Shipments

SIGNATURES

Blue Sky Wellness, LLC: _____

Client/Company: _____

Email order form to: tom@blueskywellnessllc.com