Graminex L.L.C.
95 Midland Rd. Saginaw, MI 48638
Phone: 989-797-5502 Fax: 989-799-0020
Toll-Free: 1-877-472-6469
www.graminex.com

Pollenique Personal Care L.L.C.
95 Midland Rd. Saginaw, MI 48638
Phone: 989-797-5502 Fax: 989-799-0020
Toll-Free: 1-877-472-6469
www.pollenique.com

Customer Order Form

Customer Billing Information:
Name: _____
Address:_____
_____
City:_____State:_____
Zip:_____Phone:_____
Email:_____

Customer Shipping Information:
Name: _____
Address:_____
_____
City:_____State:_____
Zip:_____Phone:_____
(Fill out only if different from Billing Address)

Item/Code	Product	Qty.	Price/Bottle	Total
FG5000-00	Prostanex (Caps) 90ct		$29.95	$
FG6000-00	PollenAid (Caps) 90ct		$34.95	$
FG11000-00	PollenAid (Tabs) 200ct		$37.50	$
FG11000-03	PollenAid (Tabs) 100ct		$19.40	$
FG10000-01	PolliQueen (Caps) 120ct		$28.95	$
FG7000-00	Alfalfa (Tabs) 500ct		$18.95	$
FG25000-00	Barley Grass (Tabs) 500ct		$27.95	$
FG26000-00	Wheat Grass (Tabs) 500ct		$27.95	$
FG27000-00	Previa (Softgels) 120ct		$19.00	$
CM1000-00	Pollenique Juvenescent Anti-Aging Crème 6 oz		$34.00	$
CM1001-00	Pollenique Juvenescent Whitening Crème 4 oz		$28.00	$
CM1002-00	Pollenique Juvenescent Facial Renew 4 oz		$22.00	$
CM1003-00	Pollenique Juvenescent Eye Renew 2 oz		$22.00	$
CM2000-00	Pollenique Silk Hand Lotion 7 oz		$12.00	$
CM2001-00	Pollenique Silk Body Lotion 10 oz		$15.00	$
CM2002-00	Pollenique Silk Extra Dry Skin Crème 6 oz		$24.00	$
Shipping Costs: (USPS)- **US only** International: Please call for shipping rates PollenAid, Prostanex, Polliqueen, Previa, 1-3 bottles $6.45 4-12 bottles $11.95 Orders of only Alfalfa, Wheat, Barley Grass 1-6 bottles $11.95 Any bottle order in combination with 1-4 bottles of Alfalfa, Wheat, Barley Grass will be $11.95 Pollenique Line: 1-2 containers $6.45 3-5 containers $11.95 6-12 containers $14.95 *For any other combination of items or larger quantities please call for shipping costs.			**Subtotal**	$
			Shipping/Handling (See Chart)	$
			Grand Total	$

Payment Method: Visa___Mastercard___Discover___Amex___Check___Cash___Money Order___
Credit Card Number:

3 or 4 digit CIN #_____ Expiration Date: _____/_____

Please make check/money orders payable to: Graminex L.L.C.
Complete this form and mail with payment to: 95 Midland Rd. Saginaw, MI 48638