



Mailing Address:
1640 40th Street
Brooklyn, NY 11218

Order Form

by First Wellness, LTD.

Toll Free: 1-877-MED(633)-3366 • Tel: 718-851-0630 • Fax: 718-436-1096

Ordering Instructions:

- 1. Please fill in your shipping information in section 1.
2. Select size and quantity in section 2.
3. Please fill in your billing and shipping information in section 3.
4. Send your order form via fax or mail. (see above)

1. Shipping Information:

First: _____ Last: _____
Company: _____ Email: _____ (Mandatory)
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Comments: _____



2. Select Item:

Table with 6 columns: Size, Color Code, Waist Size, Items per pack/Case, Price, Quantity. Rows include Small/Medium, Large, and Extra Large with various color and quantity options.

Shipping and handling \$5.60 per pack.
* Free Shipping when ordering a case.

3. Payment Information:

All Fields Required Entry

Select Credit Card: [] American Express [] Discover [] Master Card [] Visa
Card Number: _____ Exp. Date: ____/____/____
Name as it appears on card: _____ Cards Billing Zip Code: _____
Cards 1st Line of Billing Address: _____

© First Wellness LTD. 2002

For more product information: .info@uniquebrief.com
Product Sales: .sales@uniquebrief.com
Medical inquiries related to UniqueBrief: .medic@uniquebrief.com

You can also place your order on our website:
www.uniquebrief.com