SUE'S HERBAL HEAVEN

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Custom Formulation or Custom Product Fax In Form

150	Account #	_ Client Name:
	Practitioner Name:	
	Clinic:	
	Address:	
176		_ Phone #:
	Fax #:	_ Fax #:
	Formula Name	_ Special Instructions to Client:
	Date:	_
□Tin	ncture Formulation Ship to P	ractitioner Bill Practitioner
☐ 5:1 Powdered Extract Formulation ☐ Ship to C		—
	w Herb Formulation Pick up fr	
□ Cu	stom Product Bulk Cus	tomer Size Cardholder Signature:
Herd Name (P	Pinyin, English or Latin) Amount Unit/Parts/Gr./Mls. Pric	ee Herb Name (Pinyin, English or Latin) Amount Price
		5:1 Extracts: Total number of grams
		Tincture: total number of bottles
		Bulk Herbs: Number of packages ————
For office Order filled	use only d by:	
	u by	
	cked by:	
Date:	cked by:	
Date:	cked by:	Total number of grams
Date:	cked by:	

Returns are not accepted on custom formulation or custom products. Sue's Herbal Heaven bears no responsibility for the administration of custom formulations. Due to fluctuations in the herbal marketplace, prices for formulations may change without notice.

Custom Teas, Tangs or Bulk Herbs \$5 minimum order.

5:1 Concentrated Extract Powders Free gram spoons available on request with 5:1 custom formulations. \$5 minimum order. 35¢ per gram. Customer size product minimum order of 10 items. Bulk custom orders minimum size 1 pt.