



P.O. Box 7337 Berkeley CA 94707 www.VodderMLD.com
GAYLEE@VODDERMLD.COM OFC 510. 849-1388 FAX 510. 558=8363

Gay Lee Gulbrandson
NCTMB, CLT-LANA, Certified Dr. Voodoo Instructor

Order & Receipt

[illegible]

SHIP TO: Name & Title: _____	Subtotal
Company Name: _____	Shipping / Prep
Shipping Address: _____	Packing / Estimate 15.00
_____ Zip _____	Deposit ()
Bus. Phone: _____ Bus. FAX: _____	CA Only Sales Tax %
Email Address: _____	<div style="font-size: 2em; font-weight: bold;">Total</div> <div style="font-size: 1.5em; font-weight: bold;">\$ </div>
Web URL: www. _____	
Instructions: _____	

Parts for your PTS Kit	(Choose box)	Silver:	<input type="checkbox"/>	Gold:	<input type="checkbox"/>	Platinum:	<input type="checkbox"/>	Multi-Adapter:	<input type="checkbox"/>
Approx. original purchase date: Month _____ Year 20_____ Sold by: _____									
CREDIT CARD: Name on card: _____					Billing Zip _____				
Mark Card Type: Visa _____ MasterCard _____ AMEX _____ Discover _____									
<u>IMPORTANT NOTE: You must be a registered owner of PTS software to order certain replacement parts.</u>									
Card Number: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __								Expire: ____/____	
I hereby authorize seller to charge my credit card in the amount shown as Total above, and I agree to pay the above charge in accordance with the card issuer agreement. Charge appears as "PNE" on your bill.									
Cardholder Signature: X _____								Date: _____	
Special Instructions: _____ _____									

Entire PTS kits or parts may be ordered using this form.

Please FAX order to **510. 558.8363**.

See detailed shipping terms on web: www.VodderMLD.com/pts/ptshome Minimum order total \$30.00.

Order information is available on the website. No cash refunds after order shipped, exchange upon approval.

Live and Learn by Gay Lee Gulbrandson, P O. Box 7337, Berkeley, CA 94707 www.VodderMLD.com