

**Mail Order Form**  
**Dr. Miller's Holy Tea**  
503 Lincoln Drive  
Sun Prairie, Wisconsin 53590

*THANK YOU FOR ORDERING DR. MILLER'S HOLY TEA!*

1. Name of Person Who Referred You to Holy Tea

Carolyn Allen \_\_\_\_\_

Other: \_\_\_\_\_

2. Please make checks payable to "Dr. Miller's Holy Tea"

3. Complete billing address and information:

PLEASE MAIL MY ORDER TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Quantity</b>	<b>Item</b>	<b>Total</b>
_____	One-Week Trial Supply FREE Shipping (\$15.00)	_____
_____	One-Month Supply For One (\$49.95)	_____
	Add Shipping	_____
	U.S. \$5.00	
	Canada or Mexico \$9.00	
	All Other Countries \$11.00)	
	TOTALAMOUNT OF ORDER:	_____