



PACIFIC TRACE MINERALS INC.

Se 365 Bolus Selenium Supplement

Name: _____

Shipping/Physical Address: _____

Billing Address: _____

Phone: _____ Email: _____

_____ Boxes (60 boluses per box)

ID # _____ CCA Members - \$240/box (1-19) \$ _____
\$216/box (20+)

Non-Members - \$288/box \$ _____

Shipping/Handling:

\$10/1st box x _____

\$7/additional box x _____

All orders of 14-99 boxes flat rate \$100.00

Orders of 100+ contact office for shipping rates \$ _____

_____ Bolus Guns(\$90/gun*) \$ _____

Shipping/Handling:

\$10/gun x _____ Guns \$ _____

Total: \$ _____

*All applicable sales tax is included in price.

Payment Method

Check (payable to Pacific Trace Minerals)

Visa/MC

Credit Card #: _____

Expiration Date: _____ Name on Card: _____

For Office Use Only

UPS Declared Value \$ _____

Date Shipped: _____

Staff (please initial) _____

Date Entered: _____