

RETAILER ORDER FORM

Date : Order # :

EMAIL FORM TO:

RANDY LANGE, DVM

EMAIL: RLANGETN@GMAIL.COM

WWW.RANDY'SJOSHANDFRIENDS.COM

Product

Name/Company / Website

Email

Phone

Shipping Street
Address

City, State, Zip

A minimum order of 5 copies is required.

PAPERBACK Copies

| Quantity | Price (includes shipping & tax) |
|----------|---------------------------------|
| | \$ |
| | \$ |

Subtotal

\$

HARDCOVER Copies

| Quantity | Price (includes shipping & tax) |
|----------|---------------------------------|
| | \$ |
| | \$ |

Subtotal

\$

Grand Total

\$

Payment Method

Check payable to Randy's Josh and Friends

To pay by card, complete:

Debit/credit card # _____ Exp. ____/____

CVV code _____ Zip code _____

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