

SLIMBOSS™

PRINTABLE ORDER FORM:

Print, fill out form, and mail

Yes! I'm ready to get started!

Please send me _____ SlimBoss Eating Assistance Kit(s).
(Quantity)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

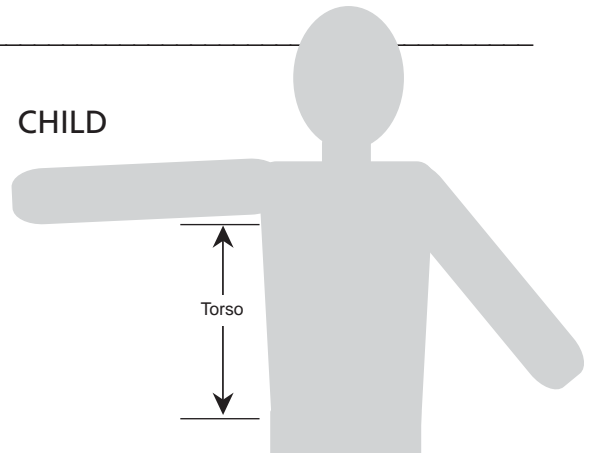
PHONE _____

SIZE PREFERENCE: MAN WOMAN CHILD

WAIST MEASUREMENT _____

TORSO MEASUREMENT _____

(The measurement from the arm pit to the waist. See diagram.)



Please enclose Check or Money Order for \$165 for each belt, plus shipping and handling and mail to:

Quantity _____ x \$165 =

CJVACKS PRODUCTS, INC.
126 BRINSTON RD.,
PEARL, MS 39208

Add Shipping & Handling: \$15.00

Make check payable to
CJVACKS PRODUCTS, INC.

**Please allow 7 days for delivery
(14 days for special orders).**

Total Enclosed