

**Ancient Path
Acupuncture and Herbs**

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**Acupuncture & Herbal Clinic
of Westborough**

57 E Main Street, Suite 203
Westborough, MA 01581

Tel: 508-366-5773
Fax: 641-453-4558

訂購單 ORDER FORM

訂購人姓名 NAME: _____ 訂購人電話 TEL: _____

訂購人地址 ADDRESS: _____

商品訂購資料		ITEMS		
序號 No.	產品名 Product Name	數量 Quantity	單價 Unit Price	總金額 Amount
1	五行蔬菜湯 [一到三箱] Five-Element Vegetable Broth (1 ~ 3 boxes)		\$135.00	
2	五行蔬菜湯 [四箱以上] Five-Element Vegetable Broth (4 boxes or more)		\$125.00	
3	糙米茶 [一到四箱] Brown Rice Tea (1 ~ 4 boxes)		\$80.00	
4	糙米茶 [五箱以上] Brown Rice Tea (5 boxes or more)		\$70.00	
5	燜燒杯 2-layer high vacuum stainless mug (500ml) *		\$25.00	
6	金字塔水機-智慧型 * i-Water Drinking System		\$1495.00	
7				
Sub Total : \$				
Shipping **		Sales Tax	Total amount	\$

* 須支付購物稅金。 State Sales Tax applied

** 運費依數量和收貨地址計算 (以 UPS 寄送)。 Shipping is charged according to the order amount and shipping address. Shipment is sent by UPS.

付費方式 PAYMENT TYPE

Payment Type : Cash Check Credit Card --- Please fill out following credit card information if make payment by credit card:

Name on the Credit Card: _____ Date: _____

卡號 Card No. : _____ - _____ - _____ 有限期限 Exp Date : _____ Month 月 / _____ Year 年

卡片背後末三碼 Last three number in back of the card : _____ **TOTAL AMOUNT :** _____

Credit Card Billing Address : _____ Zip Code: _____

簽名 SIGNATURE: _____ (與信用卡簽名同) **授權號碼 Approval Code :** _____

持卡人同意依照信用卡使用約定,一經使用或訂購物品,均應按所示之全部金額,付款予發卡銀行。

I AGREE TO PAY THE TOTAL AMOUNT ACCORDING TO THE CARD ISSUER AGREEMENT.

收貨人資料 SHIPPING INFORMATION

收貨人姓名 NAME : _____ 收貨人電話 TEL : _____

收貨人地址 ADDRESS : _____