

Product / Description	Price	SKU	Qty.	Extended Price
AllerPhase [®] 30 caps <i>Seasonal respiratory support formula</i>	\$39.95	AP30		
AllerPhase [®] 60 caps <i>Seasonal respiratory support formula</i>	\$69.95	AP60		
ArthriPhase [®] 60 caps <i>Joint support formula</i>	\$39.95	ARP60		
BronchoPhase [®] 60 caps <i>Lung support formula</i>	\$21.95	BP60		
CardioPhase [®] 180 caps <i>Heart health formula</i>	\$54.95	CP180		
Daily Movement [®] 60 caps <i>Intestinal support formula</i>	\$19.95	DM60		
FemmePhase [®] 60 caps <i>Menopause support formula</i>	\$34.95	FEM60		
FloControl [®] 180 caps <i>Bladder support formula</i>	\$45.95	FC180		
GastroCalm [™] 60 caps <i>Stomach support formula</i>	\$15.95	GC60		
Herbal Boost [®] 60 caps <i>Recovery support formula</i>	\$34.95	HB60		
ImmunoPhase [®] 60 caps <i>Immune defense formula</i>	\$24.95	IP60		
MetaPhase [®] 60 caps <i>Glucose metabolism formula</i>	\$44.95	MP60		
MetaPhase [®] 120 caps <i>Glucose metabolism formula</i>	\$79.95	MP120		
OsteoPhase [®] 60 caps <i>Bone support formula</i>	\$45.95	OST60		
SleepCycle [®] 60 caps <i>Sleep restoration formula</i>	\$39.95	SC60		
SlimPhase [™] NEW 120 caps <i>Weight support formula</i>	\$79.95	SLM120		
Vital Cell [®] 90 tablets <i>Circulation formula</i>	\$34.95	VC90		
Vital Cell [®] 180 caps <i>Circulation formula</i>	\$34.95	VC180		

* For California delivery only, add applicable sales tax.

SHIPPING: Choose one:
Domestic Shipping valid for U.S. and Puerto Rico Only

Subtotal	
* CA Sales Tax	
Domestic (USPS Priority) or International (Global Priority)	\$5.00 \$11.00
Total Due	

5 Convenient Ways to Order

- 1. Mail:**
Mail completed order form to:
Tango Advanced Nutrition
1311 Church St.
San Francisco, CA 94114
- 2. Fax:**
Fax completed order form to:
(866) 778-2646
- 3. Phone:**
Call toll-free from U.S. and Canada:
(866) 778-2646
International customers please call:
(415) 671-4361 or **(805) 504-9563**
- 4. Internet:**
www.tangonutrition.com
- 5. email:**
orders@puretango.com

Customer Information

Name _____
 Street _____
 City _____ State ____ Zip _____
 Country _____
 Phone _____
 E-mail _____

Method of Payment

Credit Card
(Circle Card)



Check

Card Number _____

Exp. Date _____ CCV code _____

Signature _____