



Breathe New Life
into Your Health

Order Form!

Get A Better Nights Sleep!

Breathe-Aide® Mail Order Form

IF PAYING BY CHECK OR MONEY ORDER:
please remit \$15.95 plus \$4.50 S/H for each - (NY NJ CT include tax)

payable to:
VISIONWORX, INC.
P.O.BOX 185
COLUMBUS NJ 08022

GUARANTEED YOU'LL FEEL THE DIFFERENCE
14 DAY MONEY BACK GUARANTEE IF NOT 100% SATISFIED LESS SHIP & HANDLING



YOUR INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Item	Size	Price	Quantity	S&H \$4.50 each	Total:
Breathe-Aide (tm) Nasal Dilator Item # small/med	Small / Medium	\$18.95			
Breathe-Aide (tm) Nasal Dilator Item # med/large	Medium / Large	\$18.95			
				Sub Total:	
				NY, NJ, CT Tax:	
				TOTAL:	

Upon receiving your order you will receive your product within 10 business days!
Includes a convenient storage/travel case!

If this is a gift, please enter below where you would like your Breathe-Aide® sent!

Name: _____

Address: _____

City, State, Zip: _____

**EASE NASAL CONGESTION
GET RELIEF FROM SINUS HEADACHES
MAXIMIZE AIR FLOW - MINIMIZE FATIGUE
GUARANTEED YOU'LL FEEL THE DIFFERENCE**