



Harmonious
Being, LLC
www.CrystalMusicHealing.com

Amethyst BioMat Order Form

PLEASE FILL OUT COMPLETELY.

CUSTOMER SUPPORT: 415-420-6232

NAME: _____ DATE: _____

TELEPHONE: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY OR FEDERAL ID # _____

ITEM:

AMETHYST BIOMAT PROFESSIONAL

AMETHYST/TOURMALINE PILLOW

DISTRIBUTOR KIT

ALKALIFE WATER FILTRATION SYSTEM

UNIT PRICE	QUANTITY	SHIPPING	AMOUNT
\$1350		\$60	
\$250		\$20	
\$27.95		\$15	
\$1500		\$40	

\$100 Professional Discount: Yes / No (circle one) **Total:** _____
(include a copy of professional certificate or license with this order form)

CREDIT CARD INFORMATION: VISA MC DISC AMEX

CREDIT CARD NUMBER: _____ - _____ - _____ - _____

EXPIRATION DATE: ____ - ____ APPROVAL CODE: _____

NAME ON CARD: _____ SIGNATURE _____

FAX COMPLETED FORM TO: 925-253-0149

YOU WILL RECEIVE A CONFIRMATION CALL AND EMAIL ONCE YOUR ORDER HAS BEEN PROCESSED.
THIS MAY TAKE UP TO TWO BUSINESS DAYS.
NAMASTE~