



PACIFIC TRACE
MINERALS INC.

**Se 365 Bolus
Selenium Supplement**

Name: _____

Shipping Address: _____

Billing Address: _____

Phone: _____ Email: _____

_____ Boxes (60 boluses per box)

ID # _____	CCA Members - \$180/box (1-16)	\$ _____
	\$165/box (17-33)	
	\$162/box (34+)	

Non-Members - \$210/box \$ _____

Shipping/Handling: \$7/box x _____ Boxes \$ _____

_____ Bolus Guns (\$65.00/gun) \$ _____

Shipping/Handling: \$10/gun x _____ Guns \$ _____

Total: \$ _____

Payment Method

Check (payable to Pacific Trace Minerals)

Visa/MC

Credit Card #: _____

Expiration Date: _____ Name on Card: _____

For Office Use Only

UPS Declared Value \$ _____ Date Shipped: _____

Staff (please initial) _____ Date Entered: _____