

ORDER FORM FOR LANIKAI JUICE WIKI WIKI CLEANSE

Order Date:	
Pick-up Date:	
Pick-up Location:	☐ Kailua ☐ Kahala ☐ Haleiwa
Contact Name:	
Contact Address:	
Contact E-Mail:	
Contact Number:	
Quantity:	
Payment Method:	Credit Card (We require orders to be pre-paid by credit card)
Phone Orders:	Credit Card Number:
	Expiration Date: CVC #:
detox or juice fasting or any new medical condition, have an eating alcohol misuse or prolonged expedefore beginning. Nothing in the undertaking this program is the SBy purchasing the Wiki Wiki 2 Da herbs, compounds, foods, homeon	Detay or juice fasting is intended for short-term purposes only. Please consult your doctor before you undertake juicing detox programs. This detox is not recommended if you are diabetic, pregnant or breastfeeding, have a long-standing g disorder, are on prescription medication, have diabetes or low blood sugar, have a toxic build-up (e.g. through drugs or obsure to hazardous chemicals). As with any nutritional program you should consult your licensed health care practitioner Wiki Wiki 2 Day Cleanse program should be misconstrued as medical treatment or advice. The participant understands that ole responsibility of the participant and not that of the provider, distributor or the facility for this Wiki Wiki 2 Day Cleanse. y Cleanse you understand and agree to these terms. Be advised that nutritional products (Juices, shakes, vitamins, minerals, opathic preparations etc.) are not intended as a prescription for any illness or any disease.
Customer Signatur	e: Date:
	(Below is for Lanikai Juice Employee's)
	TOTAL: \$ osit for each bottle \$ (Refundable upon return) TOTAL DUE: \$
Date Payment Reco	eived:
: Bottle Re : Deposit F	