

PHONE: 1-888-525-HEAL (4325)

FAX: 1-888-524-HEAL (4325)

2. Fax, call, 01 III	all in your of	der using the in	formation above	2.		
			ORMATION			
intercept ^{cs-}	DESCRIPTION			PRICE	QTY	TOTAL
	1 intercept ^{cs} device with 2 Treatment Activators			\$99. ⁰⁰		
	2 Treatment Activators			\$40. ⁰⁰		
SHIPPING CHOICES \$9. ⁵⁰ Regular (2 to 3 weeks) Uninsured			SUB	SUBTOTAL:		
$ \qquad \qquad$				SH	SHIPPING:	
PROMO CODE:			cessed.	GRAND	GRAND TOTAL:	
		SHIPPING IN	FORMTION			
NAME:		ADDRESS:				
CITY:		STATE:		ZIP CODE:		
PHONE:	FAX: (OPTIONAL)			EMAIL: (OPTIONAL)		
	I	DISCL	AIMER			
1) I have had a physical examination the device solely for personal use a personally present and acting myself Inc. to me when my device(s) leave be deemed to be made in Manitoba, Inc., its affiliates, related companies altered unless in writing and signed Intercept Inc., and any affiliates, re expenses and costs (including but n anything whatsoever, including but n device(s), use of the website and/or	nd not for resale. 3) for the limited purpos: Cross Border Intercept and the laws of the Pr , subsidiaries, officers, by both Cross Border lated companies, subs ot limited to reasonabl tot limited to any inade	I authorize Cross Border Inte es of packaging my device(s) Inc.'s Canadian facility. 5) Al ovince of Manitoba shall have directors and myself. This ag Intercept Inc. and me. 6) I idiaries, parent company, offi e legal fees), losses, errors, o quacy, deficiency or unsuitabi	ercept Inc. to take all steps, and delivering them to me. 4 I orders, agreements reached sole and exclusive jurisdictio reement shall apply to every agree to indemnify and/or pi icers, directors, employees ar omissions, damages or exper- lity of intercept, and/or third	sign all documents an) Title to my device(s) or contracts formed w n over any dispute aris sale by Cross Border II rotect and save harmle hd/or agents, from any ses of any kind or nai party claims, arising fr	d to act on my passes from Crc ith Cross Border ing between Crc ntercept Inc. to ess, myintercept y and all claims, ture caused dire om your purchas	behalf as if I we ss Border Interce Intercept Inc. sha ss Border Interce me and may not t .com, Cross Bord liability, damage ctly or indirectly t e and/or use of tt
		PAYMENT IN	FORMATION			
credit card type: □ VISA [‡] □ MasterCard [‡] □ Discover [†] □ American Express [†]				FOR OTHER PAYMENT OPTIONS CALL 1-888-525-HEAL (4325)		
CREDIT CARD #:			SIGNATURE TO DISCLAIMER, AND CARD HOLDER:			
CARDHOLDER NAME: (AS O	N CREDIT CARD)		I			

*inte Also helps nis product or the claims herein approved by the FDA. Jenex Corporation manufactures the interceptCS device. Cross Border Intercept Inc. and related domain names are the licensed International distributors of interceptCS. This product is not intended to diagnose, treat, cure or prevent disease. This letter is intended to be informational only and is not intended to be a solicitation in any way whatsoever. *We agree to the myintercept.com terms of use and ordering form(s) guidelines and policies therein. *Prices subject to change without notice.