

Fill in this request online using Adobe® Reader® (free download). Save. Then attach and e-mail to [orderpickup@doterra.com](mailto:orderpickup@doterra.com).

|                            |  |
|----------------------------|--|
| Your name                  |  |
| Today's date               |  |
| Your e-mail address        |  |
| Your textable phone number |  |

Orders must be processed and paid for to be included in request. All columns (fields) must be filled out.

| Name | Wellness Advocate/<br>Member # (4 to 8 digits) | Order #<br>(up to 9 digits) |
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AT LEAST 7 ORDERS

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