

dōTERRA ID Number (Person picking up the order): _____

Fill in this request online using Adobe® Reader® (free download). Save. Then attach and e-mail to zaorderpickup@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/ Member # (4 to 8 digits)	Order # (up to 9 digits)
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AT LEAST 7 ORDERS