

PRINTABLE MAIL ORDER FORM

Indoor Purification Systems

Mail To: Indoor Purification Systems
1052 S. Arbor Way
Layton, UT 84041

Free Shipping!

30-Day Money-Back Guarantee for all Products!

Make Checks Payable To:
Indoor Purification Systems

Instructions: (1) Enter quantity for each product you would like to order. (2) Add up your total and enter this number in the space next to "Total" on the bottom (not necessary to include sales tax). (3) Fill out the necessary information in the "Your Information" section. (4) Mail form (along with check if that is your method of payment) to the address above.

Surround Air
Up to 500 square feet
Price Per Unit: \$179 (Qty. Discounts Apply)
Quantity Ordered: _____

LifeTek TravelAire Room Air Purifier
Up to 250 square feet
Price Per Unit: \$209
Quantity Ordered: _____

LifeTek A90V Vehicle Air Purifier
Price Per Unit: \$209
Quantity Ordered: _____

LifeTek A4000
Up to 4000 square feet
Price Per Unit: \$649
Color Option (Circle): Black White
Quantity Ordered: _____

LifeTek A200 Room/Office Air Purifier
Up to 500 square feet
Price Per Unit: \$229
Color Option (Circle): Black White
Quantity Ordered: _____

Spring Air CS-1
Up to 2500 square feet
Price Per Unit: \$495
Color Option: Oak Cherry Walnut
Quantity Ordered: _____

LifeTek A3000
Up to 3000 square feet
Price Per Unit: \$549
Color Option (Circle): Black White
Quantity Ordered: _____

LifeTek A50 Personal Air Purifier
Up to 50 square feet
Price Per Unit: \$109
Quantity Ordered: _____

Spring Air CS-2
Up to 3500 square feet
Price Per Unit: \$595
Color Option: Oak Cherry Walnut
Quantity Ordered: _____

LifeTek A1000
Up to 1000 square feet
Price Per Unit: \$379
Color Option (Circle): Black White
Quantity Ordered: _____

LifeTek A60V Vehicle Air Purifier
Price Per Unit: \$149
Quantity Ordered: _____

Spring Air CS-4 (Commercial)
Up to 5000 square feet
Price Per Unit: \$695
Color Option: Oak Cherry Walnut
Quantity Ordered: _____

TOTAL: _____

YOUR INFORMATION

Name: _____
Street Address: _____
City: _____
State: _____ Zip Code: _____
Phone #: _____
Email: _____

Method of Payment (circle one):
Check/Money Order Visa Mastercard
If Using Credit Card:
Name on Card: _____
Card Number: _____
Expiration Date: _____

Signature: _____ Date: _____