Watson Wellness

Watson Wellness	Invoice No. Invoice Date:	[Invoice Number] [Date]
3201 Wilshire Suite 211	Bill To:	
Santa Monica, Ca 90403 310-315-9101	Address:	
www.watsonwellness.org info@watsonwellness.org FAX 310-829-9860	Phone: E-mail: Fax:	

Description	Units	Cost Per Unit	Amount
Nutrizyme 180 caps			\$ -
Mitocore (formerly K pax			\$ -
Rebuid			\$ -
Rebuild plus			\$ -
Buffered Vitamin C 180 caps			\$ -
Digest 90 caps			\$ -
Protease			\$ -
Protease Inflammatory Control			\$ -
Gastro			\$ -
Probiotic Transformation			\$ -
Choleast			\$ -
Lipid Control			
DIM			
Seriphos			
Methyl Protect 120 cap			
Liver protect			
Hormone protect			
Vitamin D 5000 untis			
		Invoice Subtotal	\$ -
		Tax Rate	8.25%
Sales Tax Other			
		Deposit Received	
		TOTAL	\$ -

Make all checks payable to [Company Name]

Total due in 15 days. Overdue accounts subject to a service charge of 2% per month.