

Weight Loss and Detox program

Plan A: 1 MINI 3-DAY SOUP CLEANSE WEEKLY for

- 4 consecutive weeks (~~\$676~~ \$642.2 + deliveries)*
- 8 consecutive weeks (~~\$1352~~ \$1274.4 + deliveries)**
- 12 consecutive weeks (~~\$2028~~ \$1911.6 + deliveries)***

Plan B: 1 MINI 3-DAY SOUP CLEANSE EVERY OTHER WEEK for

- 4 every-other week (~~\$338~~ \$321.1 + deliveries)*
- 8 every-other week (~~\$676~~ \$632.2 + deliveries)**
- 12 every-other week (~~\$1014~~ \$948.3 + deliveries)***

Plan C: 1 ONE DAY SOUP CLEANSE WEEKLY for

- 4 consecutive weeks (~~\$316~~ \$300.2 + deliveries)*
- 8 consecutive weeks (~~\$632~~ \$590.4 + deliveries)**
- 12 consecutive weeks (~~\$948~~ \$885.6 + deliveries)***

*Dr. Rahbar's discounted rates are: *5% off, ** 5%off + \$10 off, *** 5%off + \$15 off.*

Type of cleanse: REGULAR
 VEGETARIAN

Delivery Day:

- Sundays (4:30pm- 9:30pm)
- Mondays (8:00am- 12:00pm)
- Wednesdays (5:00pm- 10:00pm)

Or Pick up day in BRENTWOOD:

- Sundays (8am-7pm)
- Thursdays (8am- 7pm)

Or Pick up day in STUDIO CITY:

- Sundays (8am-12pm)
- Thurs (8am-12pm)

Start date:

MM
DD
YYYY

Please make sure date is
the same day on week
chosen on the left.

PATIENT NAME:

EMAIL ADDRESS (for order confirmations):

DELIVERY ADDRESS:

CITY: STATE: CA ZIP CODE:

PHONE NUMBER:

Please check www.soupure.com/map to see if we deliver to you. Local delivery to LA area is \$15. Or you can choose to pick up at any of our two locations. Brentwood retail store address: 13050 San Vicente blvd, Los Angeles, CA 90049. Cardio Barre Studio City address: 12530 Riverside Dr, Studio City, CA 91607.

- I will NOT be home yet will leave a cooler with ice accessible for delivery. SOUPURE is not responsible for the freshness of products if not kept cold.
- I would like to join SOUPURE mailing list
- TERMS & CONDITIONS*: I understand these products are very sensitive, are unpasteurized, and I must consume or keep them refrigerated and I accept all responsibility for my failure to do so. (*Mandatory to submit order)
INITIALS: ____.

COMMENTS (or delivery instructions):

Payment information:

BILLING ADDRESS:

CITY: STATE: ZIP CODE:

CARD NUMBER:

EXPIRATION DATE MM / YYYY: SEC CODE: