



I am interested in improving my overall health _____

I currently take a supplement _____

I am interested in lower Inflammation, Cholesterol levels, Glucose (A1C/Sugar

I am interested in weight loss _____

I am interested in **TRIM TEA** _____

I am interested in other Weight Loss Solutions _____

I have a **HIGH** _____ **LOW** _____ commitment to weight loss

I am interested in improving my Digestive Health _____

I currently take a prescription or other medication for my Digestive Health _____

NAME: _____

ADDRESS: _____

PHONE #: _____

EMAIL: _____