



MILLER'S BIO FARM
Inspiring Healthy Generations

Account Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____

**The information provided above must match your account at www.millersbiofarm.com.*

Payment Type	Amount
<input type="checkbox"/> Check: # _____	\$
<input type="checkbox"/> Money Order	<i>*Minimum \$250 and maximum \$10,000.</i>

Thanks for choosing Miller's Bio Farm! Store credit will appear in your account *after* your payment clears. You will get an email when this happens. Prepayments are non-refundable. By signing below, you agree to these terms.

Signature: _____ Date: _____

Mail this completed form along with your check or money order to:

Miller's Bio Farm
Attn: Aaron Miller
523 Valley Road
Quarryville, PA 17566

For Internal Use Only

Received by: _____

Payment Cleared on: _____ Store Credit Issued on: _____