



KERASAL RETAIL REFERRAL™

Fax: 973-946-7560
Phone: 877-856-2800 ext. 2
Email: kerasalpro@alternallc.com

All fields must be filled out:

Check here to be added to our *Retail Referral* mailing list which enables you to get automatic sample mailing four times a year and information on special offers.

Business Name _____

Doctor Name _____

Practice Contact _____

Business Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Check all that apply:

Samples with Coupons (\$1.50 off)*

Coupons

Authorized Signature _____

You may reuse this printed fax form to make future samples request.

*Offer terms and conditions: Limit one sample kit per request submission. Offer void where prohibited, taxed or restricted by law. Not responsible by for lost, late or undeliverable responses. Offer valid for US residents only and while supplies last. Only one sample kit of 50 samples (either without or without coupons) per person/ mailing address within a 3 week period. Please allow 2-3 weeks for processing and shipping.