King Bio Testimonial

Thank you for sharing your story about our product(s)! Your story may encourage others to try our safe, natural medicine for their own health challenges.

Which King Bio product(s) did	you use?	
>		
*Please type, legibly writ	e, or print your Testi	monial below.
IMPORTANT : Please identify of etc.) that were relieved after unas influenza, arthritis) that can	sing our formulas. <u>Do not</u>	use disease names (such
[Basic format: "I had these syr this (or these) formula(s),		
My story:		
Signing below signifies you give testimonial for online and print privacy. Legally, we must keep will not sell or share your infor	promotional purposes, w your complete personal	hile preserving your information on file, but we
> Name:		
(Please Print)		
(Address)		
(City)	(State)	(Zip)
(Phone number)	(E-mail)	

> Please indicate how you would like your name to appear by check-		
	marking one of the options below:	
	 1. First name initial and last name, with state abbreviation. (J. Doe, N.C.) 2. First name, and last name initial, with state abbreviation. (John D., N.C.) 3. Both first and last name initials, with state abbreviation. (J.D., N.C.) 	
>	I (Please Print Name)	
	give permission for King Bio to use my testimonial on its website and in other promotional materials. I understand that my name, address, phone number and e-mail will never be used, shared or displayed publicly in any manner other than as permitted hereby, but will be kept on file by King Bio for legal compliance purposes.	
>	(Signed)	
>	/(Date)	
2. 3.	Please fill out this form and hand it to a King Bio employee (or) Scan/e-mail to: sunny(at)kingbio.com (or) Fax to: 828-255-0940 - Attention: King Bio Testimonials (or) Mail to: King Bio Testimonials 3 Westside Dr. Asheville, NC 28806	

 \sim \sim \sim Thank you so much! \sim \sim