



A&A International Company  
2226 A Westborough Blvd Suite 316  
South San Francisco, CA 94080  
Phone: 650-878-8598  
Fax: 415-704-3036

Dear Health Care Professional,

I am glad to introduce our non-profit discounted program. We offer high quality condoms to government agencies, educational institutions, health care centers, and other non-profit organizations at a discounted price. Please forward this letter to whom you think may be interested in this program.

Our company has established since 1996. We are the largest online business doing both condom wholesale and retail business. Our business model is very simple - promoting safe sex by selling high quality condoms at an affordable price in a healthy online environment.

If your institution is currently providing condoms to your clients or is planning to do so in the near future, please contact us immediately to join this partnership program.

Your organization can also purchase our condoms as low as \$100 per case (1000 condoms) including shipping and handling. Please understand that the discounted condoms are restricted to non-profit and non-personal use only.

Please fill out the attached form and fax it back together with your organization information (such as brochure and your business card) to 415-704-3036.

Thanks.

[www.CondomUSA.com](http://www.CondomUSA.com)

Email: [service@CondomUSA.com](mailto:service@CondomUSA.com)

Phone: 650-878-8598



## Condom Order Form

Name of requestor: \_\_\_\_\_

Name of agency: \_\_\_\_\_

Type of agency: \_\_\_\_\_  
(such as non-profit, clinic, government, educational institutions)

Payment Method: \_\_\_\_\_

Ship to: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Bill to: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Web Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I would like to order \_\_\_\_\_ box/boxes of condoms at a special price. Each box cost \$100 and each box contains 1000 condoms. Price includes shipping and handling fee. The total order amount is \_\_\_\_\_.

Our non-profit discounted program is restricted to non-profit and non-personal use only. Other restrictions may apply. This program may be ended without notice. Please fill out this form and fax it back together with your organization information (such as brochure and your business card) to 415-704-3036.

# HOS Global Corp Credit Card Authorization Form

I, \_\_\_\_\_, authorize HOS Global Corp to charge my credit card in the amount of \_\_\_\_\_.

Following is my credit card information.

**Card Type:** VISA / MasterCard / American Express (please circle)

**Name on the card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

(The address where you receive your credit card statement.)

**Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Card Code:** \_\_\_\_\_

(Card code is a three- or four- digit security code that is printed on the back of your card near the end of the signature panel for VISA /MasterCard. For American Express, the code is printed on the front of your card after the card number. The card code helps validate that a genuine card is being used during a transaction.)



**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All information collected here is solely for credit card transaction purpose ONLY and will NOT be sold or release to public or other unrelated company unless required by law.

**Please fax or mail this copy along with a copy of the credit card (both front and back) to 415-704-3036**

or mail to

**HOS Global Corp  
2226 A Westborough Blvd # 316  
South San Francisco, CA 94080**