

**Customer Information:**

TYPE or PRINT

Company/Customer:			
Contact Name:			
Address:		Suite Number:	
City:	State/Province:	Postal Code:	Country:
Telephone:		Fax:	
E-mail Address:			
Business Address (If Different):			

**Payment Information – Please choose one of the following:**

<input type="checkbox"/> <b>Credit Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover card			
Credit Card Number:		Expiration Date:	
Name As It Appears On Card:		CVV Code:	
Billing Address (If Different):			
<input type="checkbox"/> <b>Check</b> – <i>Make checks payable to "Electromedical Technologies". Product will not ship until check clears.</i>			
<input type="checkbox"/> <b>Bank Wire Transfer</b> - <i>Please note a bank wire transaction charge will be added to your total.</i>			

**Products Ordered:**

<input type="checkbox"/> WellnessPro 2010+: \$ _____ <input type="checkbox"/> Accessories: \$ _____ <input type="checkbox"/> Shipping: _____
<b>TOTAL: U.S.\$</b> _____

**Credit Card Authorization:**

By signing below, I agree to pay and specifically authorize Electromedical Technologies (EMT) and/or its designee(s) to charge the credit card listed above for product(s) in the amount of U.S.\$ _____ (as indicated above). I understand that EMT and/or its designee(s) will obtain a Credit Card Authorization for the credit amount requested.		
Print Name:	Signature:	Date:

**Order Confirmation:**

**Official Use Only:**

<input type="checkbox"/> Telephone me at:	Global ID#:
<input type="checkbox"/> E-mail me at:	Phone:
<p><b>Questions? Contact Customer Service: 1.888.880.7888</b></p> <p><i>Please send Orders via Fax or Mail</i></p> <p>Fax: (480) 452-1518</p> <p>Mail: 16561 N. 92<sup>nd</sup> St. STE 101, Scottsdale, AZ 85260</p>	