

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"/> Credit Card: <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"/> Check – <i>Make checks payable to “Electromedical Technologies”. Product will not ship until check clears.</i>			
<input type="checkbox"/> Bank Wire Transfer - <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: _____
TOTAL: U.S.\$ _____

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/ISR ID#:
<input type="checkbox"/> E-mail me at:	Phone:
<p>Questions? Contact Customer Service: 1.888.880.7888</p> <p><i>Please send Orders via Fax or Mail</i></p> <p>Fax: (480) 452-1518</p> <p>Mail: 16413 N 91st Street, Unit C140, Scottsdale, AZ 85260</p>	