

PEMF Systems, Inc.

Manufacturers of Pulsed Electro-Magnetic Field Therapy Devices

Purchase Order - Invoice

Customer Name:

Date:

Ship To:

Bill

To:

Paid By	Distributor	Terms		
<input type="checkbox"/> -Check - Ck# <input type="checkbox"/> -C/Card - see reverse <input type="checkbox"/> -Cash <input type="checkbox"/> -Lease				

Item	Qty	Description	Unit Price	Total
Shipping; F.O.B Los Angeles, Ca. 91411 Customer responsible for all import and local taxes, custom fees, surcharges, etc. levied by local governmental and non U.S.A. Regulatory bodies. <u>Warranty/Service:</u> <input type="checkbox"/> - 5 years Parts and Labor on 2008 devices <input type="checkbox"/> - 3 years Parts and Labor Freight/Insurance on warranty work not included.			Sub total	
			Paid	
			State Sales Tax	
			Balance	

- ☐ **For devices paid in full:** Your order will be process and shipped upon receipt of funds and a facsimile of this signed Purchase Order.
- ☐ **For leased devices:** Your order will be process and shipped upon approval of credit and a facsimile of this signed Purchase Order

Customer's Signature

Date

Distributor's Signature

Date

Fax to 818.386.0735 to complete order processing

10504 Glowing Cove • Las Vegas, Nevada • 82129

Tel: (702) 448-2660 • Mobile: (818) 943-5414 • Fax: (818) 386-0735 • www.PEMFSystems.com

Credit Card Authorization Form

We need to obtain your written authorization for orders:

1. If Product is shipped to an address different from the billing address you can either add the second address as an authorized alternate shipping address to your credit card account

2. When an international credit card is used, or

3. The amount is greater than \$5,000

3. Include a photocopy of the front and back of the signed credit card.

4. FAX this completed form to 818.386.0735 or scan and email the completed form and the photocopies of the credit card to complete your order.

Instructions:

1. Complete the form by typing in all billing and shipping information in the blanks below, or print the form and complete the blanks legibly with a dark pen.

2. Print the entire form and sign with the credit card holder's signature on the line indicated.

Credit card charges will appear on your monthly statement under PEMF Systems, Inc.

I,
hereby authorize a charge my credit card account in
the amount of . The charge will be
made in increments not to exceed

☐ VISA ☐ MasterCard ☐ Amex

C/card Number:

Expiration Date:

ID Code:

MM/YY

Credit Card Billing Address:

Street:

City, State:

Zip Code:

Alternate Phone:

Country: (if not US)

Requested Shipping Address: ☐ same as billing?

Street:

City, State:

Zip Code

Telephone

Country: (if not US)

As the credit card holder, I hereby authorize receipt of
merchandise at the shipping address above.

Cardholder's Signature

Date

If filled out online, please print this form

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by PEMF Systems, Inc. and Quest.

OFFICE:

Approval Date: _____

Notes: _____

Confirmation # _____
