

Marketing Supplies Order Form

BILL TO ADDRESS:				SHIP	IO ADDRE	. 33 :3	ame as biiii	ng	
CC Owner's Name				Name					
Address			Address						
City				City					
State		Zip		State			Zip	ı	
Phone				Phone					
Email				Email					
Item				Qty		Unit Price		Extended Price	
Clinic / Waiting Room Posters (Qty 1)									
Patient Tri-fold Brochures (Qty 25)									
Patient Tri-fold Brochures (Qty 250)									
Tri-fold Brochure Holder (Qty 1)									
Patient Instructional DVD (Qty 1)									
ARES Instructional DVD (Qty 1)									
					Flat Rate	Flat Rate Shipping			
					Total				
Payment Terms	☐ Visa	☐ MasterCard		merican	Express	Di	iscover		Distributor
Card Number			Exp. Da	ate			Security Code		
					Date				
Printed Name					Duit				
Authorized Signature									
*By signing above you agree to the terms and conditions of this order.									

Return Policy

Purchaser may return any product to Watermark Medical with an approved Return Material Authorization (RMA) number to be obtained by calling Watermark Medical within five (5) business days (within the United States of America) of receipt or delivery of the product. The product is to be received by Watermark Medical within five (5) business days from the date of the RMA or the RMA shall be considered null and void. The Purchaser will receive a refund of the purchase price paid by Purchaser less both (a) the shipping fees indicated on the Order Form and (b) a restocking fee of 10% of the full purchase price. Purchaser shall be responsible for the cost of shipping to return the product to Watermark Medical and shall bear all risk of loss during shipment until the product is received by Watermark Medical. If such a product is returned to Watermark Medical damaged, then, unless such damage was caused when the risk of loss was Watermark Medical's, Watermark Medical may deduct the cost to repair or replace such product from any refund owed to the Purchaser (up to the entire refund amount).