



Credit Card Application

Customer Information:

TYPE or PRINT

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

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:				C V V* Code:	
Billing Address If Different:					
<input type="checkbox"/> Wellness Pro 2010		<input type="checkbox"/> Accessories		<input type="checkbox"/> Other	
<input type="checkbox"/> Bank Transfer* / Cash / Check Payment – U.S. dollars only.				Total: U.S.\$	
<p>* Please remember that a bank wire charge will be deducted from your account. * C V V Code: 3-digit number located on the signature line on the back of your card</p>					

Authorization:

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

Order Confirmation:

<input type="checkbox"/> Telephone me personally at:	Official Use Only:
<input type="checkbox"/> Fax me at:	Global ID#:
<input type="checkbox"/> E-mail me at:	WPD: Phone:
<input type="checkbox"/> Mail to the address above:	WPD: Fax:
Customer Service: 1.888.880.7888 / Fax: 1.480.452.1518	
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