Electro Medical technologies™

New Customer Order Form

Customer Information: **TYPE or PRINT**

Company/Customer:			
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:

☐ **Credit Card:**	☐ Visa	☐ MasterCard	☐ American Express	☐ Discover card
Credit Card Number:				Expiration Date:
Name As It Appears On Card:				CVV* Code:
Business Address (If Different):				
☐ **Bank Transfer** / Cash / Check Payment** – U.S. dollars only.				

** CVV Code: 3-digit number located on the signature line on the back of your card.*

*** Please remember that a bank wire charge will be deducted from your account.*

Products Ordered:

☐ Wellness Pro 2010+	☐ Accessories	☐ Other
		Total: U.S.$

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: **Official Use Only:**

☐ Telephone me at:	Global ID#:
☐ Fax me at:	Phone:
☐ E-mail me at:	Fax:

Customer Service: 1.888.880.7888 / Fax: 1.480.452.1518

For more information on products and services available through EMT please see your representative or contact the Corporate Office.	*Revised: November 2014*	**CC2**

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