

Marketing Order Form

Order Date (mm/dd/yy): _____

<p>Bill To:</p> <p>_____</p> <p><i>Company Name</i></p> <p>_____</p> <p><i>Address</i></p> <p>_____</p> <p><i>City, State/Prov, Zip</i></p> <p>_____</p> <p><i>Country</i></p> <p>_____</p> <p><i>Attn: Person</i></p> <p>_____</p> <p><i>Phone</i></p>	<p>Ship To: <input type="checkbox"/> Use billing address for shipping</p> <p>_____</p> <p><i>Company Name</i></p> <p>_____</p> <p><i>Address</i></p> <p>_____</p> <p><i>City, State/Prov, Zip</i></p> <p>_____</p> <p><i>Country</i></p> <p>_____</p> <p><i>Attn: Person</i></p> <p>_____</p> <p><i>Phone</i></p>
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CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Card Number: _____ Name On Card: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature X _____

Item	Description	Minimum Quantity	Unit Cost	Quantity	Total
Omnia Patient Brochure	Patient brochure for Omnia IPL	50	\$50		
Invikta Patient Brochure	Patient brochure for Invikta Diode	50	\$50		
Acrylic Patient Brochure Holder	Holder for Patient Brochures	1	\$35		
Omnia Waiting Room Banner	Omnia Waiting Room Banner	1	\$500		
Invikta Waiting Room Banner	Invikta Waiting Room Banner	1	\$500		
Acrylic Omnia Counter Stand	8.5" x 11" patient counter stand	1	\$40		
Acrylic Invikta Counter Stand	8.5" x 11" patient counter stand	1	\$40		
TOTAL					



Email Order Form To:
info@aestheticpartnersusa.com

Terms of Sale:
Allow 7-21 days for processing & shipping
Email Order Form To:
info@aestheticpartnersusa.com