

ORDER FORM



Sales Rep: _____

Date: _____

		PRICE	QTY	TOTAL PRICE
CosmoPen System	1 CosmoPen 30 Tips 10 Intensive Repair Collagen Masks	\$1,995.00		
CosmoPen Tips	30 Tips per box	\$675.00		
CosmoPen Step-by-step Training Video	by Dr Kian Karimi	\$76.00		
Patients Brochures	30 Patient Brochures	FREE		
Numbmaster Cream	Numbmaster 4oz numbing cream	\$49.95		
Intensive Repair Collagen Masks	10 Masks per box	\$119.90		
CosmoPen Protective Sleeves	30 Sleeves per box	\$39.95		
HealMD Topical NEW	3 Topical CBD Oil Bottles per box (30ml ea.)	\$220.00		
TOTAL				

Order Summary

Please check Shipping Method: (Shipping rate will be calculated & added to you order)

GROUND (Free > \$1500)
 Express 2 Days
 Standard Overnight
 Priority Overnight

Name: _____ Phone: _____

Medical License (mandatory): _____ Email (mandatory): _____

Payment Method

Name: _____ CVC: _____

Credit Card #: _____ (first & last as it appears on credit card): _____ Exp: _____ / _____

Billing Address: _____ (Visa, MC, Amex) City: _____

Line 1 State: _____ Zip Code: _____

Line 2

Shipping Information (if different from billing)

Address: _____ City: _____

Line 1 State: _____ Zip Code: _____

Line 2

Signature: _____

Tax Exempt:

Yes, resale #: _____ (Include a valid copy of your Seller's Permit with your initial order)

No - Purchase may be subject to sales tax.