ORDER FORM



Sales Rep:	Date:						
			P	RICE	QTY		TOTAL PRICE
Starter Kit 27G x 1½", 25G x 1½", 23G x 1½", 23G x 1½", 22G x 2"	5 Cannulas of each		\$119.00				
DermaSculpt Step-by-Step Training Video	Microcannula technique for beginners		\$76.00				
Bundle: Starter Kit + Step-by-Step Training Video			\$195.00				
30G x 1" (25mm)	Box of 20 Cannulas		\$99.00				
27G x 1" (25mm)	Box of 20 Cannulas		\$99.00				
27G x 1 ½" (40mm)	Box of 20 Cannulas		\$99.00				
27G x 2" (50mm)	Box of 20 Cannulas		\$99.00				
25G x 1 ½" (40mm)	Box of 20 Cannulas		\$99.00				
25G x 2" (50mm)	Box of 20 Cannulas		\$99.00				
23G x 1 1/ ₈ " (30mm)	Box of 20 Cannulas		\$99.00				
23G x 2" (50mm)	Box of 20 Cannulas		\$99.00				
22G x 2" (50mm)	Box of 20 Cannulas		\$99.00				
22G x 2 ¾" (70mm)	Box of 20 Car	Box of 20 Cannulas		9.00			
18G x 2 ¾" (70mm)	Box of 20 Car	nnulas	\$120.00				
Dermarkers Removable Skin Marker (select one color)	White Red	Green	5/\$14.95	10/\$25.90			
Mini Surgical Marker	F	Purple	5/\$9.75	10/\$15.00			
EZINJECT 27G x 4mm	Pac	k of 5	\$2	9.95			
EZINJECT 30G x 4mm	Pack of 5		\$2	29.95			
VOLUME DISCOUNT ON CANNULAS: 59	% 5-9 BOXES 10% 1	0-14	BOXES	5 20% >	15 BOXES		
Order Surray					TO	TAL	
Order Summary					<u> </u>		D : '.
Please check Shipping Method: (Shipping rate will be calculated & added to you order)	☐ (Free	GROU 9 > \$15		Expres 2 Day		andard ernight	Priority Overnight
Name:	F	Phone:					
Medical License (mandatory):	E	Email (mandator	y):			
Payment Method				21.0		_	,
Name:	(first & last as it appears	on credi	t card):				
Credit Card # :		Visa, MC	A 200 0 1/2				
Billing Address:			Line 1	State:		Zip C	ode:
Shipping Information (if different from billing)			Line 2				
Address:				City:			
			Line 1				ode:
Tax Exempt:			Line 2				
☐ Yes, resale #:(Include a ☐ No - Purchase may be subject to sales tax.	valid copy of your Seller's Permit with	h your in	itial order)	Signature: .			

