



# ElectroPEMF System Purchase Order Form

**Purchaser:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Email:** \_\_\_\_\_

**Bill To:** \_\_\_\_\_

\_\_\_\_\_

Paid By	Distributor	Terms	
<input type="checkbox"/> -Check - Ck# <input type="checkbox"/> -C/Card - see reverse <input type="checkbox"/> -Cash <input type="checkbox"/> -Other			(This is limited-time Sponsor priced offer for lifetime unit purchase.)

Item	Qty	Description	Unit Price	Total
		<i>(Shipping = \$100. Per unit for USA/Canada)</i>		
<b>Shipping</b>	<b>F.O.B</b>	<b>Enter Comments Below</b>	<b>Sub Total</b>	
Customer responsible for fees, and all import and local taxes, customs etc. by local governmental entities.			<b>Paid</b>	
<b>Single Coil - \$7,795</b> - \$3,948 charged with this order & \$3,947 charged after system delivery. <b>Dual Coil - \$8,795</b> - \$4,448 charged with this order & \$4,447 charged after system delivery. <b>Full Pay of \$7,795 or \$8,795</b> charged now with this form saves you \$100. shipping charge (Pay in full by Check, Zelle or Bank Transfer to avoid the \$100. USA/Canada Shipping Cost International Shipping Cost will be quoted before sending or charging for it.).			<b>State Sales Tax</b>	
			<b>Balance</b>	

- **For devices paid in full:** Your order will be processed and scheduled for shipping after receipt of funds and a copy of this signed Purchase Order is received.
- **For Other Orders:** Your order will be processed and shipped upon approval of credit and a facsimile of this signed ½ paid Purchase Order plus ½ of shipping cost is received.

\_\_\_\_\_

Customer's Signature
Date
Distributor's Signature
& Code
Date

# Credit Card Authorization Form

We need to obtain your written authorization for orders:

1. Product is shipped to an address different from the billing address you can either add the second address as an authorized alternate shipping address to your credit card account
2. When an international credit card is used, or the amount is greater than \$4,000
3. Include a photocopy of the front and back of the signed credit card.
4. Email this completed form to [info@electropemf.com](mailto:info@electropemf.com) or scan and mail the completed form and the photocopies of the credit card to: **377 Palm Trace Ave., Las Vegas, NV 89148** to complete order.

**Instructions:**

1. Complete the form by typing in all billing and shipping information in the blanks below or print the form and complete the blanks legibly with a dark pen.
2. Print the entire form and sign with the credit card holder's signature on the line indicated.

***Credit card charges will appear on your monthly statement under ElectroPEMF System / MDA, LLC***

I, \_\_\_\_\_  
hereby authorize a charge my credit card account in  
the amount of \_\_\_\_\_. The charge will be  
made in \_\_\_\_\_ increments not to exceed \_\_\_\_\_

VISA    MasterCard    Amex

C/Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ ID Code: \_\_\_\_\_  
MM/YY

Credit Card Billing Address:

Street: \_\_\_\_\_

City, \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Billing Telephone \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Country: (if not US) \_\_\_\_\_

Requested Shipping Address:  same as billing?

Street: \_\_\_\_\_

City, \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

Country: (if not US) \_\_\_\_\_

As the credit card holder, I hereby authorize receipt  
of merchandise at the shipping address above.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

**Cardholder's Signature**

**Date**

**If filled out online, please print this form:** Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by ElectroPEMF System / MDA, LLC – Print & Complete form & scan/photo it and email to [info@electropemf.com](mailto:info@electropemf.com)

**OFFICE:**

**Approval Date:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Confirmation #** \_\_\_\_\_

\_\_\_\_\_