Innovative Med Inc. Order Form

Tel: 949.458.1897 Fax: 949.458.7416 www.imibeauty.com

Please fax this order form to the number listed above. Form must be filled out completely and signed. Orders take 1 day to 2 weeks to ship based on product availability.

Billing Information:

Company: _____
Name: _____
Address: _____
Address: _____
City: _____
State, Zip Code: _____
Day Phone: _____
Evening Phone: _____
Email: _____

Ship To: (__ Check if same as Billing)

Company: _____
Name: _____
Address: _____
Address: _____
City: _____
State, Zip Code: _____
Day Phone: _____
Evening Phone: _____
Email: _____

Payment Method: (Visa, MasterCard or Amex)

CC Type: _____
CC Number: _____
Exp. Date: _____
Security Code: _____

Have you ordered from IMI before? ___ Yes ___ No

FedEx Shipping Instructions:

___ Ground
___ Standard Overnight
___ FedEx 2 Day
___ Express Saver (3 day)

For International Orders Only:

___ International Priority
___ International Ecomomy

** Shipping costs may vary according to weight and destination. Shipping costs will be determined once order is ready to ship and will be charged to your credit card.

Item No.	Description	Price (each)	Quantity	Total
			Subtotal	
			California residents add 8.75% sales tax	
			TOTAL	

Shipping Costs will be added to total and charged to your credit card.

Prices are subject to change without notice. For price changes/ confirmation call 949.458.1897 or go to www.imibeauty.com

I agree to the purchase of these items, have my credit card charged for the amount of the products plus shipping and applicable sales tax. I have read the terms and conditions page of IMI, including the return policy. I understand and agree with the policies of Innovative Med Inc.

Name: _____ Signature: _____