Pulse 4 Life

PEMF – Home/Clinic Unit Sales Order-Invoice Form (US only)

Customer Name:

Customer Phone:

Customer Email:

Bill TO:

<u>SHIP TO:</u>

PAYMENT METHOD: DI		ISTRIBUTOR-CODE		SHIP VIA TERMS			
X Cash/Chec Credit Care Bank Wire Leased	d the	You need this to get the \$500 Discount		D EX or UPS round - \$50 3day - \$150 ext day - \$250		NET	
ITEM	QTY DESCRIPTON				UNIT PRICE TOTAL		TOTAL
Home / Clinic	Desktop Model w/2 lo			loop attachments		\$7,495.00	\$7,495.00
Choose One Mini-Tote Model w/2 loo				attachments			
Therapy Mat	apy Mat 18 x 24 inch Large Mat						
Choose One	12 x 24 Smaller Mat						
Other	1 Portable case					Included	
Contact:				SUBTOTAL		\$7,495.00	
Pules4Life, Inc. if you have any questions: (605) 217-3377 Fax: 402-494-5842 Info@pemf.us				lf you have entered Discount Code above, deduct \$500			
Customer is responsible for all import and local taxes, custom fees, surcharges, etc. levied by local governmental and non U.S.A. Regulatory bodies. Pulse 4 Life, Inc. subsidiary of the Edwards Group, Inc. NOTES: <u>Warranty / Service:</u> 3 Years Parts & Labor Check Number: EIN: 47-0791675				Enter in the Shipping charges from above			
				Subtract the discount from the subtotal and then add the shipping charges. That will give you your total amount due Make your check out for this amount			

Make Check payable to: **Pulse 4 Life, Inc.** Mail a copy of the sales order sheet and check to:

Pulse 4 Life, Inc. 370 W. Anchor Dr. Suite 206 Dakota Dunes, SD 57049