

ElectroMeds.com Order Form

POB 4447 Oceanside, CA 92052 / PH 877-403-6337 / 760-420-2788 / FAX 760-400-3033

| | | |
|--|------------------|------------|
| DATE: | REFERRED BY: WEB | SALES REP: |
| PRODUCT: <input type="checkbox"/> QRS Quantron Magnetic Resonance System | | |

BUYER INFORMATION

| | | | |
|-----------------|-----|----------|----------|
| COMPANY: | | | |
| NAME: | | | |
| ADDRESS: | | | |
| CITY: | ST: | ZIP: | COUNTRY: |
| O-PHONE: | | H-PHONE: | |
| O-FAX: | | H-FAX: | |
| E-MAIL ADDRESS: | | | |

| ITEM # | PRODUCT | QUANTITY | PRICE EA. | TOTAL |
|----------------|------------------------------------|------------------|-----------|---------|
| | QRS 101 HOME SYSTEM | | \$ 2850 | \$ |
| | QRS MAGNETIC FIELD ACUPRESSURE PEN | | \$ 295.00 | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| SHIPPING DATE: | | SHIPPING CHARGE: | | \$40.00 |
| | | | TOTAL: | \$ |

This Order Signed Here x

We accept the following payments

1. Fax or Mailed USA Bank Check – the form is below.
2. Bank Wire. Call, chat or email us for details.
3. Direct deposit into our Bank of America account.

TAPE YOUR CHECK HERE

To Fax

Sometimes the print on a check is difficult to read after the fax process. Please take a moment and fill in all the blanks. The "answers" to the questions are contained on the face of your check.

1) ABA NUMBER: _____
In the upper right quadrant of your check. Usually small. May look like: 70-7026/2711

2) TRANSIT NUMBER _____
Always 9 digits beginning with 0,1,2 or 3 and has "Smiley Faces" in front and back.

3) ACCOUNT NUMBER _____

4) CHECK NUMBER _____

5) BANK NAME & BRANCH _____

5) BANK ADDRESS _____

Name (on check) _____

Address _____

City, State & Zip _____

Signature (as on check):
Plz sign to the right in clear white space

PLEASE SIGN CHECK AND IN THE CLEAR, WHITE SPACE ABOVE.
RETURN VIA FAX TO 760-888-1910 OR EMAIL info@electromeds.com

ElectroMeds.com
POBOX 4447
Oceanside, CA 92052

Phone 877-403-6337 or 760-420-2788
Fax 760-400-3033