Innovative Med Inc. Order Form

Tel: 949.458.1897 Fax: 949.458.7416

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

Billing Information

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

Shipping Address (if different from billing)

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

Payment Method: Card type:_____
Credit Card Number: _____
Exp. Date: _____
Month / Year
Security Code: _____

FedEx Shipping Instructions:

Standard Overnight ☐ International Priority ☐ Ground ☐
Express Saver ☐ International Economy ☐

Shipping Costs may vary according to weight and destination. Shipping Costs will be determined once order is placed and will be charged to your credit card.

Item No.	Description	Price	Quantity	Total
		Subtotal		
		California residents add 7.75% sales tax		
			Total	

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

Prices subject to change without notice. For price changes/confirmation call 949.458.1897 or go to www.imiimi.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: _____