

FIOR BIOSCIENCE Physician Price List			
PRODUCT	Size & Concentration	1 To 9 Vials Price	10 Plus Vials Price
StemVive®			
Stemvive®	1 cc Vial	\$ 1100	\$ 1050
Stemvive®	2 cc Vial	\$ 1800	\$ 1700
StemMaxx™			
StemMaxx™	1 cc Vial	\$ 1100	\$ 1050
StemMaxx™	2 cc Vial	\$ 1700	\$ 1600
BioSpackle			
BioSpackle	TBD	\$ TBD	\$ TBD
SHIPPING AND HANDLING COSTS			
Product	Price		
Handling, Dry Ice	Included Free		
Shipping (Next Day)*	\$155 Monday-Thursday (Friday Shipping \$175)		
Next Day Shipping	Place Order by 2:00 PM EST		
*Please call 877-536-4635 Ext 701 for shipping costs if you are ordering more than 10 vials, higher rates may apply.			



ACCOUNT SETUP FORM

(888) 295-1093

Please complete digitally using free PDF editor at <https://get.adobe.com/reader>. See complete instructions on page 2.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Medical Director/Proprietor: _____

Medical License #: _____ State: _____ Expiration Date: _____

Purchasing Agent Name: _____

Purchasing Agent Title (NP, owner, admin): _____

Main Phone #: _____

E-mail: _____

Sales Rep: David Caddell

Bank Account (Preferred Payment Method)

Bank Name: _____

Account #: _____

Routing #: _____

Or Credit Card Account (2.95% CC fee)

Full Cardholder Name: _____ Card #: _____

Expiration Date: _____ CSC: _____ Billing Zip Code: _____

By providing FIOR Bioscience UTCB this Account Setup Form, you authorize Utah Cord Bank to process immediate payment for all of your orders prior to shipment according to FIOR Bioscience UTCB Terms & Conditions.

Package Delivery

Same as mailing address shown above.

Local pick up pre-paid order from UCB in Sandy, UT.

Alternate Package Delivery Address: _____

City: _____ State: _____ Zip Code: _____

Account Setup Form (ASF) Instructions:

Welcome to FIOR Bioscience UTCB!

Objective:

This form is required for every new account prior to ordering our products. It enables Client Support and Fulfillment departments to have all necessary information to communicate, ship, and bill your clinic properly prior to shipping products.

Procedures:

1. Please complete the Account Setup Form (ASF) digitally using a PDF editor software. For clarity, hand written forms may not be accepted.
2. Email the completed form to orders@utcb.com and carbon copy your sales representative, david@ec3health.com

If you do not have a fillable PDF editor software:

Step 1: Download the free Fill & Sign editor using the link on the form.

Step 2: Download the Account Setup form file to your computer.

Step 3: Open the file with the free PDF program (right click to open it with Adobe Acrobat Reader DC).

Step 4: Fill out the form completely using the **Fill & Sign** button on the bottom right of program page.

Step 5: Save the file under Save As and include your clinic name.

Step 6: Review step-by-step instructional video as needed (Flash player may be required):

<http://www.screencast.com/t/idqGUSEO>

Reminders:

- Account Setup Form details must be fully completed.
- Medical license details must also be included.
- Account Setup Form must be submitted in a digital PDF format to the Client Support dept using the orders@utcb.com email address only.
- Orders may not be fulfilled if payment and medical license details are not provided.
- For any questions, please contact your sales representative (david@ec3health.com, 877-536-4635 Ext 701) or FIOR Bioscience UTCB Client Support Department.

Pertinent Info:

- **Please fill out this new account form and email it back to orders@utcb.com and CC david@ec3health.com**
- **Shipping is one \$155 and cut off time for next day orders is 3:00 EST the products are shipped on dry ice overnight and are delivered by 10:30am. EST.**
- **The dry ice typically lasts 24-48 hrs so patient treatments can be scheduled from 11AM EST on the day of arrival.**