

FAX: 727-683-9536
 10006 Cross Creek Blvd #205
 Tampa, FL 33647



PURCHASE ORDER

Sales Rep: **ec3**HEALTH
The Only Prescription For Building Your Practice

SHIPPING INFORMATION

Company/Clinic: _____

Contact: _____ Title: _____

Shipping Address: _____ Suite/Bldg: _____

City/ST/Zip: _____

Company/Clinic Phone: _____ Contact Phone: _____ Cell Phone: _____

PRODUCT INFORMATION

PLATELET RICH PLASMA KITS

PRP Medical Kit (12mL2) Pricing Each 2) 12ml prep tubes - 1 set sharps	}	1-9	\$149
		10-19	\$119
		20-49	\$99
		50+	\$89

PRP Medical Prep Tube Kit (12mL4) Pricing Each 4) 12ml prep tubes - No sharps	}	1-9	\$249
		10-19	\$199
		20-49	\$179
		50+	\$159

HA-PRP Kit (HA-10mL2) Pricing Each 2) 10mL prep tubes - 1 set sharps	}	1-9	\$299
		10-19	\$249
		20-49	\$229
		50+	\$199

Hair Growth-PRP Kit (HG-10mL2) Pricing Each 2) 10mL prep tubes - 1 set sharps	}	1-9	\$199
		10-19	\$169
		20-49	\$149
		50+	\$139

▶ Monthly Subscriptions Available: Starting at 10 units/mo

PRP Blood Draw Accessories (1 set of Sharps) \$5

PRP CENTRIFUGES

VitalitySpin CENT8 Centrifuge \$799

BIO-FILLER INCUBATOR

Juventix Bio-Filler Incubator \$3,500

MICRO-NEEDLING

Derma Pen Ultima-Micro-Needling	\$99.99
<i>Comes with 2) 12 pin cartridge - takes replacement cartridges sizes 12, 36, 42</i>	
Replacement Cartridges	
12 pin cartridge (10 Pack)	\$19.95
36 pin cartridge (10 Pack)	\$19.95
42 pin cartridge (10 Pack)	\$19.95
Nano pin cartridge (10 Pack)	\$19.95

Manual Derma Roller \$8.95
 10+ \$7.95 ea. | 25+ \$6.95 ea.

PRODUCT ORDER

Qty	Description	Unit Price	Total
	PRP Medical Kit (12mL2) [1-9@\$149 ea 10-19@\$119 ea 20-49@\$99 ea 50+@\$89 ea]		
	PRP Medical Prep Tube Kit (12mL4) [1-9@\$249 ea 10-19@\$199 ea 20-49@\$179 ea 50+@\$159 ea]		
	HA-PRP Kit (HA-10mL2) [1-9@\$299 ea 10-19@\$249 ea 20-49@\$229 ea 50+@\$199 ea]		
	Hair Growth-PRP Kit (HG-10mL2) [1-9@\$199 ea 10-19@\$169 ea 20-49@\$149 ea 50+@\$139 ea]		
	PRP Blood Draw Accessories (1 set of Sharps for PRP Medical Kits)	\$5.00	
	VitalitySpin CENT8 Centrifuge	\$799.00	
	Juventix Bio-Filler Incubator	\$3,500.00	
	Derma Pen Ultima - Micro-Needling (with 2) 12 pin cartridges)	\$99.99	
	Micro-Needling Pen Replacement Cartridges - 12 pin cartridge (10 Pack)	\$19.95	
	Micro-Needling Pen Replacement Cartridges - 36 pin cartridge (10 Pack)	\$19.95	
	Micro-Needling Pen Replacement Cartridges - 42 pin cartridge (10 Pack)	\$19.95	
	Nano Cartridge for Micro-Needling Pen (for patient home use) (10-Pack)	\$19.95	
	Manual Dermal Roller [1-9 @ \$8.95 ea 10-24 @ \$7.95 ea 25+ @ \$6.95 ea]		

I am interested in a monthly subscription. Please, contact me.

AMOUNT DUE: _____

PLEASE FAX COMPLETED FORMS TO 727-683-9536

THIS FORM IS 2 PAGES, PLEASE FAX BOTH THE PURCHASE ORDER AND CREDIT CARD AUTHORIZATION PAGES

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FAX: 727-683-9536

CREDIT CARD AUTHORIZATION FORM

Please complete all fields and fax to Juventix - Regenerative Medical Solutions at (727) 683-9536 or email to orders@juventix.com. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled. All information will remain confidential.

Credit Card Information	
Cardholder's Name (as on card):	_____
Cardholder's Billing Address:	_____
City:	_____ State: _____ Zip code: _____ Country: _____
Home Telephone:	_____ Fax: _____
Work Telephone:	_____ Email: _____
Type of card:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number:	_____ Expiration Date: _____ / _____ (mm/yyyy)
Credit Card Security Code:	_____ Amount to be Charged: _____

Please Check the Appropriate Box(es)

Auto Ship: I hereby authorize Juventix - Regenerative Medical Solutions to charge the indicated credit card **monthly** for recurring product orders. If Juventix - Regenerative Medical Solutions is unable to process my payment, I will be responsible for an alternative payment arrangement and any resulting processing fees that may be incurred. This authorization shall remain in force until canceled by me in writing 14 days prior.

Please initial here: _____

One Time Use: I hereby authorize Juventix - Regenerative Medical Solutions to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing Juventix - Regenerative Medical Solutions to setup my account within a recurring system. I understand that if I want Juventix - Regenerative Medical Solutions to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Please initial here: _____

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. The applicant, by providing Juventix - Regenerative Medical Solutions a written notice, may cancel this agreement at least 14 days in advance of the cancellation date.

Customer Signature

Date