KMI IMI GROUP ORDER FORM

PHONE: 949.458.1897 FAX: 949.458.7316 sales@imibeauty.com

Please email or fax order form. Form must be filled out completely and signed.

Billing Information:
Company: _____
Name: _____
Address: _____
Address: _____
City: _____
State, Zip: _____
Phone: _____
Email: _____

Ship To: (___ Check if same as Billing Information)
Company: _____
Name: _____
Address: _____
Address: _____
City: _____
State, Zip: _____
Phone: _____
Email: _____

Payment Method:
CC Type: (circle) VISA MasterCard American Express
CC Number: _____
Exp Date: _____
Security Code: _____

Have you ordered from KMI IMI GROUP before?
___ Yes ___ No

Purchase Order No.: _____
Date: _____

FedEx Shipping Options: (FedEx acct#:_____)
___ Ground
___ Standard Overnight
___ FedEx 2 Day
___ Express Saver (3 day)

For International Orders Only
___ International Priority
___ International Economy

**Shipping costs may vary according to weight and destination. Shipping costs will be determined once order is ready to ship and will be charged to your credit card or FedEx acct# if applicable.

ITEM NUMBER	DESCRIPTION	PRICE (EACH)	QUANTITY	TOTAL
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

Subtotal	
California residents add 7.75% sales tax	
Total	

Prices are subject to change without notice. For price changes/ confirmation, please call 949.458.1897 or email sales@imibeauty.com
I agree to the purchase of these items, have my credit card charged for the amount of the products plus shipping and any applicable taxes. I have read the terms and conditions page (www.kmiimigroup.com) of KMI IMI GROUP, including the return policy. I understand and agree with the policies of KMI IMI GROUP.

Name and Title: _____ Signature: _____