



KMI IMI GROUP ORDER FORM

Tel: 949.458.1897

Fax: 949.458.7416

info@imibeauty.com

Please email or fax this order form to the number listed above.

Form must be filled out completely and signed.

Orders take 1 day to 2 weeks to ship based on product availability.

Billing Information:

Company:	<input type="text"/>
Name:	<input type="text"/>
Address:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State, Zip Code:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

Payment Method:

CC Type:	Visa	MasterCard	Amex
CC Number:	<hr/>		
Exp. Date:	<hr/>		
Security Code:	<hr/>		

Are you a new customer? Yes No

Purchase Order No.: _____

Ship To: (Check if same as Billing)

Company: _____

Name: _____

Address: _____

Address: _____

City: _____

State, Zip Code: _____

Phone: _____

Email: _____

FedEx Shipping Options: (FedEx acct: 12345678901234567890)

**** 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.**

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