

PRIMAzome

PURCHASE ORDER

Email completed for to: **Orders@RegenMedicine.com**



Date Ordered:
Date to Receive:
Customer Name:
Ship to Name:
Ship to Address:
Unit #:
City, State, Zip:
Ship to Phone:
Email:

SHIPPING METHOD	SHIPPING TERMS
FEDEX	OVERNIGHT - \$125

ITEM #	DESCRIPTION	QTY	UNIT PRICE	TOTAL
PRIMA0500	5ml vial PRIMAzome Exosome Matrix		\$1,150.00	

SUBTOTAL	\$
SHIPPING	\$
TOTAL	\$

Comments or Special Instructions

Form of payment:

- ACH
- Credit Card

Authorization Signature *Date*

If placing volume order please indicated TOTAL number of individual 5ml vials you'd like to receive in 'QTY' column of corresponding volume row

Please fill out this form completely, including the SHIP TO address and DATE TO RECEIVE

Email completed for to: Orders@RegenMedicine.com

If you need assistance placing your order please contact: 972-682-3313 orders@RegenMedicine.com
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Any discrepancies in pricing or quantity, including any applicable shipping & handling, will be adjusted at time order is received & you will be notified accordingly