

ORDER FORM

CUSTOMER INFORMATION		SHIPPING INFORMATION	
Company Name		<input type="checkbox"/> Same as Contact Info	
Authorized Contact Name		Shipping Address	
Billing Address		City, State Zip	
City, State Zip		Shipping Phone:	
Billing Phone		Shipping Email	
Billing Email		Shipping Contact	

Quantity (Tubes or Cases)	DermaWound Product (12 Tubes per Case)	Sub-Total
	DermaWound Original Formula 1oz Tube	\$
	DermaWound Original Formula 6oz Tube	\$
	DermaWound Venous Stasis Formula 1oz Tube	\$
	DermaWound Venous Stasis Formula 6oz Tube	\$
	Shipping and Handling 5% Fee – if no Customer Shipping Account provided	\$
	Credit Card Processing 3% Fee – if Customer uses Credit Card Payment	\$
Cost per Tube	\$19.00 per 1oz Tube \$74.00 per 6oz Tube Case Price \$228.00 Case Price \$888.00	\$
	TOTAL	\$

Customer UPS Account _____

Customer FedEx Account _____

Billing Preference Payment by Check – Address Information to send Check listed below (allow for processing)

Payment by ACH or Wire Transfer – Account Information to be provided

Payment by Credit Card – Will be processed as soon as Credit Card is processed

3% added for Credit Card Processing Fee

Credit Card Payment Information	Card #:	Exp. Date:
Name on card:	CVV Code:	

By signing below, I acknowledge the above and further agree that I will be paying the total due indicated above via check, credit card, ACH or wire transfer for the above agreed upon products. I understand products will not be shipped until total due is paid-in-full.

Authorized Signature: _____ Date: _____

PCMS Advisors, LLC – 74 Rees Drive – Oxford, CT 06478-1839

Questions? Contact PCMS Advisors, LLC at 203-395-5118 or Email to Info@PCMSAdvisors.com

Return Form to Fax 203-496-5563 or email Info@PCMSAdvisors.com