

# PEMF Systems, Inc.

Manufacturers of Pulsed Electro-Magnetic Field Therapy Devices

## Purchase Order – Invoice

Customer Name:

Date:

Bill to:

Ship to:

Paid by	Distributor	Terms
Check # _____		
Credit Card		Shipping Speed (Ground, 3-day, 2-day or overnight.)
Cash (wire)		
Financed		

Item	Qty	Description	Unit Price	Total
<b>Shipping; F.O.B. Los Angeles, CA 91411</b> Customer is responsible for all import and local taxes, custom fees, surcharges, etc. levied by local governmental and non U.S.A. Regulatory bodies. Warranty/Service: 3 Years Parts and Labor for device only (accessories not included) Freight/Insurance on warranty work not included.			<b>Sub total</b>	
			<b>Freight Charges</b>	
			<b>Paid</b>	
			<b>State Sales Tax</b>	
			<b>Balance</b>	

**For devices paid in full:** Your order will be processed and shipped upon receipt of funds and a facsimile of this signed Purchase Order.

**For leased devices:** Your order will be processed and shipped upon approval of credit and a facsimile of this signed Purchase Order.

\_\_\_\_\_  
\*Buyer's Signature                      Date

\_\_\_\_\_  
\*Seller's Signature                      Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\*If this order is financed, the "Buyer" is either the End User or Distributor and the "Seller" will be PEMF Systems, Inc. In all other cases the "Seller" will be the Distributor. **COMPLETE AND RETURN TO shawn@shawndreben.com**