KMI IMI GROUP ORDER FORM

sales@imibeauty.com PHONE: 949.458.1897 FAX: 949.458.7316 Please email or fax order form. Form must be filled out completely and signed. **Billing Information:** Ship To: (___ Check if same as Billing Information) Company: Company: _____ Name: Name: _____ Address: Address: Address: Address: City: City: State, Zip: State, Zip: _____ Phone: Phone: _____ FedEx Shipping Options: (FedEx acct#: Payment Method: Ground For International Orders Only
Standard Overnight International Priority
FedEx 2 Day International Economy
Express Saver (3 day) CC Type: (circle) VISA MasterCard American Express CC Number: Exp Date: _____ Security Code: **Shipping costs may vary according to weight and destination. Have you ordered from KMI IMI GROUP before? Shipping costs will be determined once order is ready to ship and Yes No will be charged to your credit card or FedEx acct# if applicable. Price (each) Description Quantity | Total Item No. Subtotal Purchase Order No.: California residents add 8% sales tax Date: _____ 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 (including California sales tax of 8% and MDET tax of 2.3% if applicable). 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: