



Service Agreement

Rep: _____

ORDER OPTIONS

Starter Kit \$3900 plus shipping and handling (\$2000 SAVINGS)

- Three (3) 60ML Double Spin Kits
- Executive Series Centrifuge II
- Personalized Brochures (1000)
- Personalized Poster (2)-(24"x36")
- 1 hour of Business Consulting
- Patient Education Seminar Slides
- Office and Patient Forms
- Preferred Profile on

www.discoverstemcelltherapy.com

*An online national regenerative medicine directory of physicians

ALL TRAINING IS DONE REMOTELY

Full Marketing Programs

- Premium Marketing **\$2,500**
- Premium PLUS Marketing **\$5,000**

Online Marketing Programs

- SILVER SEM Program **\$1,000**
- GOLD SEM Program **\$1,500**
- PLATINUM SEM Program **\$2,000**

All marketing prices are per month with a term length of (6) months. See details of marketing program and included services on next page.

Other

- Logo Design **\$450**
- 5-Page Template Website **\$1500**
- Full Customized Website **\$3,500**

Select Items:

Single Spin PRP Kits

- SS-PRP-30 (30ML) _____
- SS-PRP-60 (60ML) _____
- SS-PRP-120 (120ML) _____

Double Spin PRP Kits

- DS-PRP-30 (30ML) _____
- DS-PRP-60 (60ML) _____
- DS-PRP-120 (120ML) _____

Single Spin Bone Marrow Kits

- SS-BMC-60 (60ML) _____
- SS-BMC-120 (120ML) _____

Double Spin Bone Marrow Kits

- DS-BMC-60 (60ML) _____
- DS-BMC-120 (120ML) _____

Adipose Concentrating Kits

- ASC-35 (35ML) _____
- ASC-70 (70ML) _____

Amniotic Tissue Vials

- AT-0025 (.25ML) _____
- AT-0050 (.5ML) _____
- AT-0100 (1ML) _____
- AT-0200 (2ML) _____

Pure Cord Blood Tissue Vials

- CB-0025 (.25ML) _____
- CB-0050 (.5ML) _____
- CB-0100 (1ML) _____
- CB-0200 (2ML) _____

Procedure Date & Time:

Required for all allograft tissue orders. Please DO NOT schedule procedures on Monday and Tuesday AM

Equipment

- Centrifuge _____
- Microneedling Pen _____

**Orders DO NOT*

*include S&H**

TOTAL _____

CLIENT INFORMATION

Clinic Name: _____

Office Phone: _____

Physician Name: _____

Email Address: _____

Cell Phone: _____

Physician Signature: _____

Shipping Address: _____

City: _____

State: _____ Zip: _____

Check box to receive emails with the latest updates and sales promotions on products and services.

CREDIT CARD AUTHORIZATION

Card Holder name (as listed on card): _____

Card Type: Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Your credit card will be kept on file for future orders.

Other payment arrangements may be made with our finance dept. by emailing amy@apexbiologix.com. If invoices go past due, your card on file will be charged.

Signature: _____

Date: ____/____/____

Printed Name: _____

Contact Information

For Questions about Orders
 Spencer Furner 801.903.1127
 spencer@apexbiologix.com

For Questions about Marketing
 Alyssa Eyring 385.231.1093
 alyssa@apexbiologix.com