



# 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)
- Aesthetic     Orthopedic
- Both \*An additional cost of \$90
- Personalized Poster (2)-(24"x36")
- 1 hour of Business Consulting
- Patient Education Seminar Slides
- Office and Patient Forms
- Preferred Profile on

[www.discoverstemcelltherapy.com](http://www.discoverstemcelltherapy.com)

*\*ALL TRAINING IS DONE REMOTELY\**

### 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name: \_\_\_\_\_

**Select Items:** **QTY:**

**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) \_\_\_\_\_

DSFC-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** \_\_\_\_\_

### Contact Information

<p><b>For Questions about Orders</b> Spencer Furner 801.903.1127 spencer@apexbiologix.com</p>	<p><b>APEX Biologix</b> 5650 S Green St. Murray, UT 84123 Fax 888.894.2815</p>
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