

New Sales & Order Form

Cold Laser Technologies, Inc.

Date ____/____/20____

Product(s)	Units	PPU	Cost \$
Sub-Total Cost			\$
Special Discounts			
Total due today*			\$

Auth Code _____

Check# _____

Sponsor Info	
Name:	
Level: __LRVP __LAgent __Lrep Other:	
Buyer/New Investor Info	
Name:	
Street Address:	
City	State
Zip	PH# ())
Email:	
Signature	

Please allow up to **7 business days** for delivery of products and/or ML830 kit.

*Money order, Cashier or Personal Checks ONLY for Business Investment Fees. Credit cards okay for products.

Send Completed Order to: 830Laser 25395 Hancock Ave. #200 Murrieta CA 92562 • (951) 600-7900 • (951) 600-7908 fax

Business Card Info: (as it should appear on your card) __same as above
\$70 per thousand.

Name:	Title:
Street Address:	
City/State/Zip:	
Email:	
Cell phone:	
Office phone:	

Shipping Address (if different than above):

Name:
Street Address:
City/State/Zip: