

Product Order Form

Client Name: _____

Telephone: (____) ____-_____

Shipping address: _____

Order:

Payment Method:

- Visa
- MasterCard

Name on Card: _____

Card Number: _____-_____-_____-_____

Expiry Date: ____/____

I _____ authorize IMeG Health™ to charge this credit card for services and/or products in accordance with the terms and conditions of the cancelation policy of IMeG Health™ TCM Clinic

Signature: _____

Date: ____/____/____

All sales are final and non-refundable.

