

EARPEACE TECHNOLOGIES, Inc.

Practice Name:

Address:

City, State, Zip

Phone Number:

Email Address:

I would like to order the following number of EarPeace screeners.

50 units 100 units 200 units 500 units 1000 units Other

I would like labels with the name of my practice on the back of each unit. yes no

What I would like on the label:
Size 1.25" wide by 1" high

Billing and/or Shipping if different than above:

Name:

Address:

City, State, Zip

Phone Number:

Shipping method: Standard UPS Ground 2 day UPS 1 day UPS
(If you choose 2 day or 1 day UPS, we will contact you with the cost prior to shipping)

Payment method: Check Credit Card

Credit Card Number Expiration

ReWards Account

After you fill out this order form, simply fax it to:

1-510-614-1048

EarPeace Technologies, Inc
410 Estudillo Avenue
San Leandro, California 94577
1-800-821-0131