



888.423.8922 Fax 877.429.8613  
 orders@quantumwavelasers.com  
 www.ILoveMyLaser.com

**Unwind & Go Quantum Today!**

**Please enter order online ASAP!**

Name \_\_\_\_\_ Date \_\_\_\_\_ Order # \_\_\_\_\_ Dist # \_\_\_\_\_  
 Billing Addr \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Deliver Addr \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Ph \_\_\_\_\_ Alternate Ph \_\_\_\_\_  
 Email \_\_\_\_\_ Referred By \_\_\_\_\_ Dist # \_\_\_\_\_

Qty	Color	Ship	Divd	Item	Price	LASER Serial # (if received today)
___	V	S	___	BASE UNIT: 1 Laser .....	\$3,500	_____
___	V	S	___	PACKAGE: 1 Laser + Red Probe .....	\$5,100	_____
___	V	S	___	VIO-PACKAGE: 1 Laser + Ultra-Violet..	\$6,495	_____
___	V	S	___	FULL: 1 Laser + 3 Probes.....	\$9,695	_____
___	V	S	___	FAMILY: 2 Lasers + 3 Probes.....	\$13,195	PROBE Serial # (if received today)
___				RED PROBE: #650 .....	\$1,600	_____
___				INFRA-RED PROBE: #780.....	\$1,600	_____
___				VIOLET PROBE: #405 .....	\$2,995	_____

Down Pymt:  Credit Card      Sub-Total ..... \$ \_\_\_\_\_      **Credit Card Info**  
 Check      Down Pymt ..... \$ \_\_\_\_\_      # \_\_\_\_\_  
 Other \_\_\_\_\_      Balance ..... \$ \_\_\_\_\_      Exp Date \_\_\_\_\_ 3 Digits \_\_\_\_\_  
 Signature \_\_\_\_\_      **\*\* Estimated delivery 7-10 business days. \*\***

**ALL FINANCED ORDERS MUST BE SHIPPED. NO EXCEPTIONS.**

Please complete only if financing. \$100 processing fee. Minimum 10% down with approved credit. Mo. Payments = 3.5% of Balance.

**APPLICANT**

Name \_\_\_\_\_  
 SS# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_  
 Time at job? \_\_\_\_\_ Time at address? \_\_\_\_\_  
 Yearly income? \$ \_\_\_\_\_/yr. \_\_\_\_\_  
 Signature \_\_\_\_\_

**CO-SIGNER (if necessary)**

Name \_\_\_\_\_  
 SS# \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_  
 Employer \_\_\_\_\_ Emp Ph \_\_\_\_\_  
 Addr \_\_\_\_\_  
 Job yrs? \_\_\_\_\_ Addr yrs? \_\_\_\_\_ Yearly inc? \$ \_\_\_\_\_/yr.  
 Relationship to applicant \_\_\_\_\_  
 Signature \_\_\_\_\_

AUTHORIZATION TO ACCESS CREDIT HISTORY

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DISCLAIMER : The Scalar Wave Laser System is indicated for temporary relief of minor muscle and joint pain, arthritis and muscle spasm, relieving stiffness, promoting relaxation of muscle tissue, and temporarily increasing local blood circulation. The System is not intended to diagnose, treat, cure, mitigate, or prevent disease. If you have a disease or medical condition, consult with your physician or health practitioner before using the Scalar Wave Laser. Use only as directed. Uses for medical indications contrary to the FDA registration are unauthorized and render the warranty null and void. To protect the Scalar Wave Laser System FDA registration, unauthorized claims may result in legal action, including civil claims and loss of opportunity to market the Scalar Wave Laser System. REV 6.29.10

**BUYER'S RIGHT TO CANCEL**

You may cancel this transaction, without penalty or obligation, within 3 BUSINESS DAYS from the date on the front of this agreement.

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable cancellation notice, and any security interest arising out of the transaction will be canceled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may if you wish, comply with the instructions of the seller regarding the return shipment of goods at the seller's expense and risk.

If you make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without further obligation. If you fail to make the goods available to the seller within 3 business days from date of this agreement, or if you agree to return the goods to the seller and fail to do within 3 business days from date of this agreement, then you remain liable for performance of all obligations under the contract.

To cancel this transaction, mail a signed and dated copy of this notice, or any other written notice, to **Quantumwave / 2125 Worcester Rd. / Worcester VT 05682** no later than midnight of the 3<sup>rd</sup> BUSINESS DAY from date on the front of this transaction.

I, \_\_\_\_\_, hereby cancel this transaction.  
PLEASE PRINT

Signature \_\_\_\_\_ Date \_\_\_\_\_