



888.423.8922 Fax 877.429.8613
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 www.ILoveMyLaser.com

CANADIAN ORDER FORM

Welcome to Quantumwave!

Name _____ Date _____ [Order # _____ Dist # _____]
 Bill Addr _____ City _____ Prov _____ Postal _____
 Deliv Addr _____ City _____ Prov _____ Postal _____
 Daytime Ph _____ Alternate Ph _____
 Email _____ Referred By _____ [Dist # _____]

Qty	Laser Color	Ship	Divd	Item	Prices in U.S. Dollars	Price	LASER Serial #
___	Violet Silver	___	___	LASER: 1 Laser		\$ _____	_____
___	Violet Silver	___	___	LASER PACKAGE: 1 Laser + Red Probe ...		\$ _____	_____
___	Violet Silver	___	___	VIO-PACKAGE: 1 Laser + Vio Probe		\$ _____	_____
___	Violet Silver	___	___	FULL SET: 1 Laser + All Probes		\$ _____	_____
___	Violet Silver	___	___	FAMILY SET: 2 Laser + All Probes		\$ _____	PROBE Serial #
___		___	___	RED PROBE: #650		\$ _____	_____
___		___	___	INFRA-RED PROBE: #780		\$ _____	_____
___		___	___	VIOLET PROBE: #405		\$ _____	_____
___		___	___			\$ _____	_____
___		___	___			\$ _____	_____

Down Pymt: [] Credit Card Sub-Total \$ _____ Credit Card Info
 GST: CRA821234515RM001 [] Check # _____ 5% GST or HST \$ _____ Name _____
 Ships in 7-10 business days from date payment processed. [] Other _____ Down Pymt (\$ _____) # _____
 Balance \$ _____ Exp Date _____ 3 Digits _____

X Signature _____ Billing Address if NOT your Credit Card. _____

NOTE: Customer to pay CC fees/charges/currency conversion for changing payment method after order processed.

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	CO-SIGNER (If necessary)
Name _____	Name _____
SIN# _____ DOB ___/___/___	SIN# _____ DOB ___/___/___
Employer _____	Employer _____ Emp Ph _____
Employer Phone _____	Addr _____
Time at job? _____ Time at address? _____	Job yrs? _____ Addr yrs? _____ Yearly inc? \$ _____/yr.
Yearly income? \$ _____/yr.	Relationship to applicant _____
Signature _____	Signature _____
AUTHORIZATION TO ACCESS CREDIT HISTORY	AUTHORIZATION TO ACCESS CREDIT HISTORY

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 4.18.12

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, please FAX or mail a signed and dated copy of this notice, or any other written notice, to **Quantumwave / 2266 S. Dobson Rd. #200 / Mesa AZ 85202** no later than midnight of the 3rd BUSINESS DAY from date on the front of this transaction.

I, _____, hereby cancel this transaction.
PLEASE PRINT

Signature _____ Date _____