



Customer Order Form

Welcome to KOR Medical! To purchase a KOR Medical product, please complete the following order form. Please ensure you complete all sections and return via email to info@kormedical.com.

Customer Information		
Customer Name		
Customer Telephone		
Customer Email		
Shipping Address		
City	State	Zip
Pharmacy Name		

Product	Price Per Unit	Quantity
KOR Sleep Sublingual Strips	\$55.00	
KOR Relief Transdermal Cream	\$50.00	
KOR Sleep Sublingual Spray	\$40.00	
KOR Health Sublingual Spray	\$40.00	
KOR Calm Sublingual Spray	\$40.00	
KOR System (All Products)	\$175.00	

I'd like to opt in for a monthly subscription and receive 20% off my orders.

You may suspend or cancel your membership at any time, just be sure to do so at least 3 days before your billing date to ensure your next month of products do not ship. To modify your subscription, please reach out to us at info@kormedical.com.

Credit Card Authorization				
Card Type:	MasterCard	VISA	Discover	AMEX
	Other:			
Cardholder Name (as shown on card):				
Card Number:				
Expiration date (mm/yy):				
Cardholder ZIP Code (from billing address):				

I, _____, authorize **KOR Medical** to charge my credit card above for agreed upon purchases (listed in the Product table). I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Please ensure you complete all sections and return via email to info@kormedical.com to place your order.