

Juventix & Fem-X Product Pricing Information



Fem-X HA- 2cc

2) 15ml 2cc HA prep tubes- 1 set of sharps

Quantity Pricing

1-9	\$450
10-19	\$425
20-49	\$400
50+	\$375

Fem-X HA PRO- 3cc

2) 15ml 3cc HA prep tubes- 1 set of sharps

Quantity Pricing

1-9	\$500
10-19	\$450
20-49	\$425
50+	\$400

PRP Medical Kit (12mL2)

2) 12ml prep tubes- 1 set of sharps

Quantity Pricing

1-9	\$149
10-19	\$119
20-49	\$99
50+	\$89

PRP Medial Prep Tubes (12mL4)

4) 12ml prep tubes- No sharps

Quantity Pricing

1-9	\$249
10-19	\$199
20-49	\$179
50+	\$159

PRP Medical Kit (15mL2)

2) 15ml prep tubes- 1 set of sharps

Quantity Pricing

1-9	\$169
10-19	\$139
20-49	\$115
50+	\$109

PRP Medial Prep Tubes (30mL1)

1) 30ml prep tubes- No sharps

Quantity Pricing

1-9	\$125
10-19	\$100
20-49	\$88
50+	\$62.50





10006 Cross Creek Blvd, #205
 Tampa, FL 33647
 Ph: 866-693-4777
 Fax: 727-683-9536
 Email: orders@juventix.com



ORDER FORM

Business Name:			
Ship to Name:			
Shipping Address:		Ste/Bldg	
City, State, Zip			
Phone number:			
Email address:			

Item Description	Unit Price	Qty	Total
Fem-X HA- 2cc HA + PRP kit			
Fem-X HA PRO- 3cc HA + PRP kit			
PRP Medical Kit (12ml2)			
PRP Medical Kit (15ml2)			
Medical PRP (4) Tubes (12ml)			
Medical PRP (1) Tube (30ml)			
VitalitySpin CENT8 Centrifuge (For 12ml & 15ml tubes)	\$799.00		
VitalitySpin CENT6-XL (For 30ml tubes)	\$1,450.00		
LED Photo Activator	\$4,500.00		
Plasma Bio Incubator	\$4,950.00		

Signature _____ Date _____

Printed Name _____

Email form to orders@juventix.com
 OR Fax form to 727-683-9536



CREDIT CARD AUTHORIZATION FORM

Please complete all fields and fax to Juventix - Regenerative Medical Solutions at (727) 683-9536 or email to orders@juventix.com. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled. All information will remain confidential.

Credit Card Information	
Cardholder's Name (as on card):	_____
Cardholder's Billing Address:	_____
City:	_____ State: _____ Zip code: _____ Country: _____
Cell Telephone:	_____ Fax: _____
Work Telephone:	_____ Email: _____
Type of card:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other
Card Number:	_____ Expiration Date: _____ / _____ (mm/yyyy)
CID Security Code:	_____ Amount to be Charged: _____

Please Check the Appropriate Box(es)

Recurring Billing: I hereby authorize Juventix - Regenerative Medical Solutions to charge the indicated credit card **monthly** for payment of services. If Juventix - Regenerative Medical Solutions is unable to process my payment, I will be responsible for an alternative payment arrangement and any resulting processing fees that may be incurred. This authorization shall remain in force until canceled by me in writing 14 days prior.

Please initial here: _____

One Time Use: I hereby authorize Juventix - Regenerative Medical Solutions to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am not authorizing Juventix - Regenerative Medical Solutions to setup my account within a recurring system. I understand that if I want Juventix - Regenerative Medical Solutions to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection above.

Please initial here: _____

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. The applicant, by providing Juventix - Regenerative Medical Solutions a written notice, may cancel this agreement at least 14 days in advance of the cancellation date.

Customer Signature

Date