

EP MEDICAL

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Email: eppmedical@gmail.com

Customer Service Hours 8-5, M-F, Pacific Time

***** Take a cell phone picture of the order and text to 916-804-1791*****



<u>PRODUCT</u>	<u>PRICE</u>	<u>QUANTITY</u>
I-Lid'N Lash Plus 60 Pre-Soaked Wipes w/5% Tea Tree Oil	\$36.00each	_____
I-Lid'N Lash Regular 60 Pre-Soaked Wipes	\$30.00each	_____
I-Lid'N Lash – Gel 50mL Metered Dose Pump Gel	\$30.00each	_____
Shipping USPS Flat Rate		
Quantity 1-4	\$ 8.75	
Quantity 5-12	\$15.50	
Plus Tax	TBD	

Credit Card Payment Authorization Form

Name on Card _____

CreditCardType: Amex Discover MasterCard Visa

Credit CardNumber: _____

Expiration Date: _____ Verification Code: _____

*Permission for Credit Card Charge by EP MEDICAL (Biriadou LLC) Date: _____

*Signature: _____

***Required**

Is Credit Card Billing Same as Shipping Address: Yes ___ No ___

Shipping Information: (no PO boxes)

First and Last name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

To receive a copy of your credit card receipt, please provide us with your email address:

Email address: _____