Mention Breakthrough Coaching

COMPREHENSIVE BIOSCIENCES *FOR COSMETIC USE ONLY

ORDER FORM / INVOICE

ATTN: orders@regenerativekits.com
3683 Garden Ct. Grove City, OH 431213
Phone: 850-733-9131

Group Name:_____
Date Order Placed: _____
Date of Desired Delivery: _____

Submit this form to receive $20 off shipping

ALL CREDIT CARDS ARE CHARGED A 3% CONVENIENCE FEE

Customer Account Information

Office / Practice Name: _____

Physician Name: _____ Physician NPI: _____

Practice Address:_____ City _____ ST _____ Zip _____

Primary Contact Name: _____

Primary Email: _____ Primary Phone Number: _____

Shipping Address: _____ City _____ ST _____ Zip _____

Same as Billing Address? Y N

Billing Address: _____ City _____ ST _____ Zip _____

Bio Scaffolding

Bio Scaffolding 1mL	$100	QTY: _____	Bio Scaffolding 2mL	$175	QTY: _____

Super Vesicle - Wharton Jelly Extracts

WJ+2100 1mL	$570	QTY: _____	WJ+2200 2mL	$840	QTY: _____
WJAceullar 1mL	$570	QTY: _____	WJAcellualr 2mL	$840	QTY: _____
Super Vesicle 20 million	$650	QTY: _____	Super Vesicle 40 million	$1,250	QTY: _____
Muse Cell Combo: 5 million muse 20 million MSC	$1,250	QTY: _____			

XO Exosomes

350 Billion 1mL	$380	QTY: _____	700 Billion 2mL	$700	QTY: _____
350 Billion Muse 1mL	$480	QTY: _____	700 Billion Muse 2mL	$800	QTY: _____
XO 17 1mL	$100	QTY: _____			

Cord Blood Extract

Cord Blood Plasma Extract 1mL	$50	QTY: _____	CB Pure 3 mL	$140	QTY: _____

Nasal Intranasal Atomizer $12 QTY: _____

Lyopholized

XO 350 Billion L	$380	QTY: _____	XO 700 Billion L	$700	QTY: _____

20% off orders of $10,000+

SUBTOTAL _____
DISCOUNT _____
SHIPPING $150.00
TOTAL _____

ACH TRANSFER INFORMATION

FIRST NAME:_____

LAST NAME:_____

BILLING ADDRESS:_____

CITY:_____

STATE:_____

ZIP CODE:_____

BANK NAME:_____

ABA ROUTING NUMBER:_____

ACCOUNT NUMBER:_____

ACCOUNT TYPE:

- ☐ BUSINESS
- ☐ PERSONAL
- ☐ SAVINGS

ACH TRANSFER SIGNATURE:

CREDIT CARD INFORMATION

ALL CREDIT CARDS ARE CHARGED A 3% CONVENIENCE FEE

FIRST NAME:_____

LAST NAME:_____

BILLING ADDRESS:_____

CITY:_____

STATE:_____

ZIP CODE:_____

CREDIT CARD NUMBER:_____

EXPIRATION DATE:_____

SECURITY CODE: _____

CARD TYPE:

- ☐ VISA
- ☐ MASTERCARD
- ☐ AMEX

CREDIT CARD AUTHORIZATION SIGNATURE:

_____

Jurisdiction Notice:
All purchases are governed by the laws of the State of Ohio. Any disputes arising from this order shall be resolved exclusively in the courts of Franklin County, Ohio. By placing this order, the purchaser agrees to this jurisdiction.