



Date: _____

Sales Consultant: Archon Aesthetics

Order Form

<u>Product:</u>	<u>Volume:</u>	<u>Quantity Per Box:</u>	<u>Price:</u>	<u>Quantity:</u>	<u>Total Price:</u>
All Beauty Global PDRN	5 mL	10 Vials	\$450		
Glass Skin Booster	3 mL	5 Vials	\$425		
Brightening Booster Serum	5 mL	5 Vials	\$425		
Collagen Booster Serum	2 mL	1 Vial	\$275		
Erica Ultra Firming Essence	10 mL	5 Vials	\$400		
Erica Cell Repair Mask		5 Masks	\$115		
Erica Stem Cell Cream x 2	2 x (50 mL)	2 Boxes	\$170		

+ \$10 Flat Shipping Charge

Total: \$ _____

Company Name: _____

Contact Name: _____

Email: _____

Phone Number: _____

Ship to Address: _____

City: _____ State: _____ Zip Code: _____

Payment Details:

First Name: _____ Last Name: _____

Credit Card Number: _____

Expiration Date: ____/____/____ CVV Code: _____

Billing Address: (Same as above): ☐ _____

City: _____ State: _____

Postal/Zip Code: _____

Please send completed form to jason@archonaesthetics.com