



## SHIPPING FORM:

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO  
OUR OFFICE BY E-MAIL: SALES@MYBIOMEDICAL.INFO

### SHIPPING INFORMATION:

Full Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Items Purchased:	QTY

### Shipping Method:

- Standard: 7-14 Business days/ FREE
- Priority: 3-7 Business days -\$25
- Express: 1-3 Business days - \$50

\* I hereby understand that all sales are final and the shipping cost will be added to my final invoice.

\*\* I am committed to receive this shipping package sent to me by your company. I will not refuse, under any circumstance to receive this package

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature \_\_\_\_\_