

AAPE Order Form

NO.	Product Name	In box	Price	Qty
1	AAPE - Skin	AAPE(powder) vial : 6EA AAPE solution : 6ml x 6EA	\$ 900.00	
2	AAPE - Hair	AAPE(powder) vial : 6EA AAPE solution : 6ml x 6EA	\$ 1,000.00	
3	Cell Revitalizaion Mask	30ml x 10 Sheets	\$ 150.00	

CREDIT CARDHOLDER INFORMATION				
NAME ON CREDIT CARD				
TYPE OF CREDIT CARD	VISA	MC	AMEX	
TYPE OF ACCOUNT	PERSONAL		BUSINESS	
COMPANY NAME				

ACCOUNT NUMBER				
EXPIRATION DATE:				
SECURITY CODE:				
BILLING ADDRESS				
CITY		STATE		ZIP CODE
PHONE		EMAIL		FAX NUMBER

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated on the invoice. Charges may not exceed the amount listed in the invoice. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME	
SIGNATURE	

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Please Fax Back to 323-389-9142 or Email back to Consulting.yms@gmail.com