

PHYSICIAN ORDER FORM



Date: ___/___/___ Name of Company: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Email Address: _____ Sales/Use Tax Permit Number: _____

Ship to Address: (All orders will be shipped via USPS Priority Mail)

Street: _____

City, State, Zip: _____

Credit Card Information: _____ Visa _____ MasterCard _____ American Express _____ Discover

Credit Card #: _____ Expiration Date: ___/___ CVV# _____

Card Holder Name (as it appears on card) _____

Keep Credit Card Information On File for Future Orders: Y / N

Authorized Signature: _____ Date: _____

(FOR IN-OFFICE DISPENSING ONLY. Online sales are prohibited without the expressed written consent of CLn Skin Care.)

Please order in case multiples (12 bottles/case)

Product	List Price Per Bottle	Best Price with 35% discount	Cases Ordered	MSRP	UPC
CLn Acne Cleanser Dermatologics, 3.4 Fl Oz (100 ml)	\$20.00	\$13.00		\$35.00	8-56447-00315-5
CLn BodyWash Dermatologics, 3.4 Fl Oz (100 ml)	\$20.00	\$13.00		\$35.00	8-56447-00305-6
CLn BodyWash Dermatologics, 12 Fl Oz (354 ml)	\$28.00	\$18.20		\$45.00	8-56447-00303-2
CLn Facial Cleanser Dermatologics, 3.4 Fl Oz (100 ml)	\$20.00	\$13.00		\$35.00	8-56447-00333-9
CLn Facial Moisturizer Dermatologics, 3.4 Fl Oz (100 ml)	\$20.00	\$13.00		\$35.00	8-56447-00335-3
CLn Gentle Shampoo Dermatologics, 12 Fl Oz (354 ml)	\$28.00	\$18.20		\$45.00	8-56447-00335-2
CLn HandWash Dermatologics, 12 Fl Oz (354 ml)	\$28.00	\$18.20		\$45.00	8-56447-00341-4
CLn Shampoo Dermatologics, 12 Fl Oz (354 ml)	\$28.00	\$18.20		\$45.00	8-56447-00302-5
CLn SportWash 12 Fl Oz (354 ml)	\$28.00	\$18.20		\$45.00	8-56447-00328-5
CLn SportWash 3.4 Fl Oz (100 ml)	\$20.00	\$13.00		\$35.00	8-56447-00300-1

Discounts

1 case – 25% off

2 cases – 30% off

3 cases or more – 35% off

Refund Policy

- ✓ 6 month money back guarantee. Return products to CLn Skin Care for refund on unsold products. Paid postage will be provided by CLn Skin Care upon request to sales@CLnWash.com.
- ✓ Product replacement for any damages, defects and patient returns.

Please Include with shipment: ___ Dispenser Tear Pads ___ CLnMD Family of Products Brochure
___ Samples ___ Other: _____

**Fax completed order to 866-571-0037
or email to sales@CLnWash.com**