



ORDER FORM

Complete all fields

For Internal Use Only. Not for Distribution.

Account # _____

Account Contact _____ Practice Name _____

Shipping Address _____ City _____ State _____ Zip _____

Phone Number _____ Email _____

Purchase Order (PO) #* _____ Merz Sales Specialist Name _____

*Account and PO numbers will be generated with their first order. Merz Account #: _____

Accounts new to Merz must complete this link https://portal.merzusa.com/s/new-account-form?language=en_US and choose credit card ONLY.



If applicable, practice will receive digital treatment PIN codes in their Merz Portal account with their purchase to leverage with their patients. Ensure the practice registers for Portal access.

Enter Applicable Promotion(s):

Purchase Requirements		\$15,000 Opening Order			\$10,000 Opening Order			\$5,000 Opening Order		
Product	List Price	Units per order	VIP Discount	VIP Price	Units per order	Elite+ Discount	Elite+ Price	Units per order	Elite Discount	Elite Price
Radiesse® 2 x (+) 1.5	\$716		40%			30%			22%	
Radiesse® 2 x 1.5	\$690		40%			30%			22%	
Belotero +®	\$317		25%			20%			15%	
Belotero®	\$267		25%			20%			15%	
Neocutis®	n/a		20%			15%			12%	
Transducer	\$2,250		15%			10%			8%	
Xeomin® 100 unit	\$482		0%			0%			0%	
Xeomin® 50 unit	\$253		0%			0%			0%	
Total										

Provide the customer's card information in one of two ways:

- 1) Call Concierge Center at Get Refreshed: (305) 990-0002
- 2) Send this completed order form to the following: RSStratAccts@merz.com, office@getrefreshed.life, and linley.law@merz.com

For first-time orders, the account will be emailed a secure link to create AVI store profile and input their credit card information. Once their information is in the system, practice details including account number and billing/shipping address will auto-populate when the account accesses the link to pay for future orders.

Please be prepared to provide all the following required payment information:

Account should be prepared to provide all the following required payment information

Cardholder Name (as shown on card) _____

Full Billing address (Street Address, City, State, Zip Code) _____

Do not collect the information below. This information will be entered by the account when they receive their secure link.

Credit Card #, Expiration Date, and CVV Code _____

Once payment is processed, the account's order will be sent directly to their shipping address. If the order qualifies to receive PIN codes, they will appear in the account's Merz Aesthetics Portal account shortly thereafter. Provide your account with this link to register: portal.merzusa.com/s/login/SelfRegister

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