



Free Sample Form

Customer information

| | |
|-------------------|--------------|
| *Country : | *Your Name : |
| City : | Gender : |
| *Company Name : | Job title : |
| *Company Websit : | *Email : |
| | Phone No. : |

Consignee information

| | |
|-------------------|----------------------------------|
| *Address: : | *Express Account (DHL/FEDEX/UPS) |
| *Contact Person : | |
| *Phone No. : | |

Free Sample Description

| Item | Product Description | Quantity |
|------|---------------------|----------|
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Please fill the form carefully, and the columns marked with "*" are important.
send this form to info@medicalets.com, our service staff will contact you within 16 hours.