



Request to Purchase

I, _____, hereby apply to become the owner of a Class 2 Medical Device for Quantum Biofeedback purposes. The device model will be determined by my expertise, the licenses I hold, my educational background and my intended use for the device.

Name: _____

Current Practice: _____

Business Address: _____

City and County: _____

State, ZIP Code: _____

Best Phone Number to Reach Me: _____

Alternate Phone Number: _____

Email Address I Check Often: _____

Alternate Email Address: _____

Sales Rep I am working with: _____

Method of payment is: Wire transfer____Cashier's Check____Financing____

1. My education diplomas, degrees and licenses are:

2. My major fields of study are:

3. Other secular and/or spiritual licenses or practice methods I employ:

4. Any other certifications I have:

5. This is all my prior experience with bio-energetic devices:

6. These are my intended use(s) for the biofeedback device I wish to purchase, and how I see it adding to my current practice:

Signature: _____ Date: _____

Please submit to:

info@echo-northamerica.com

ECHO-NorthAmerica

949.566.1955