

Fax Order Request Form for a Market Research Report

To place an order by fax, fill out the information below, print and fax the completed form to +1 - 888-391-5195. Questions? Please call +1 - 888 - 391 - 5441.

1. Order Information - Please verify the report information.

Report Title: Cold Pain Therapy Market by Product (OTC (Gels, Sprays, Patches, Cold Packs, Wraps, Pads, and Roll-Ons), Prescription-Based (Motorized, Non-Motorized Devices), Applications (Musculoskeletal Disorders, Post-Operative Therapy, Sports Medicine, and Post-Trauma Therapy) - Global Forecast to 2023

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☐ Single User License: US \$ 5650

☐ Corporate User License: US \$ 8150

2. Contact Information - Please fill out all of the information below.

Name (Mr/Mrs/Ms/Dr):

Email:

Company:

Title:

Address:

City:

Country:

Fax:

Telephone:

3. Payment Information - Please indicate your preferred method of payment.

☐ **Online Credit Card Payment** (an invoice will be sent to your email address with a payment link)

☐ **Direct Wire Transfer** (an invoice will be sent to your email address)

Payment should be made to:

Bank Name: DBS Bank Ltd

Branch - Shivaji Nagar, Pune

Bank Address : Fortune House Plot No. 363/2, Gokhale Road, Model Colony, Shivaji Nagar, Pune 411016

India Beneficiary Name : Markets and Markets

Bank account no. : 830250063151

Account Name : Markets and Markets

Swift code : DBSSINBB

NOTE: Prices are subject to change without notice. Prices listed on our portals at the time of purchase shall supercede any prices listed on other published materials.

Name, Seal and Sign