



CheapRXmeds.com
 4871 Shell Road, Suite 1115
 Richmond, BC, Canada V6X 3Z6

Tel: 1-877-278-5355
Fax: 1-877-278-5359
www.cheaprxmeds.com

Over-the-Counter Order Form

How to Place Your OTC Order

STEP 1: Complete this two page order form in its entirety and fax to us at 1-877-278-5359. You can also mail this form to us at **CheapRXmeds.com, 4871 Shell Road, Suite 1115, Richmond, BC, Canada V6X 3Z6.**

STEP 2: Upon receipt of your completed order form, a Customer Care Representative, if needed, will contact you by phone to verify your information and confirm your order. **For delivery to the US and Canada, please allow 2 weeks from the day we confirm your order for processing and delivery of your medications.** All US-bound orders are shipped using Canada Post's Xpresspost - USA shipping service, and are fully insured against loss or damage. **For delivery to international destinations (outside of USA and Canada), shipping times vary depending on the method of shipping requested.**

**** For assistance in completing these forms, call us toll-free at 1-877-278-5355 (US and Canada Only). International callers can dial 1-604-278-5354****

Client Information

* Indicates Mandatory Fields

Affiliate ID/CPN Code: _____
(if applicable)

*First Name:	*Last Name:
*Sex: ___ Male ___ Female	*Date of Birth: ___/___/___ (mm/dd/yy)
*Home Telephone: ()	*Secondary Telephone: ()
*Fax: ()	*Email Address:
*Home Address: Street & Apt. #	
*City:	*State:
*ZIP:	*Country:
Is this your first time ordering from CheapRXmeds.com? ___ YES ___ NO	
How Did You Hear About Us? (check all that apply)	
___ Internet/Email ___ Newspaper/Magazine ___ Direct Mail ___ Doctor	
___ HMO/Insurance Co. ___ Other (please specify: _____)	
___ Friend/Family Referral (Referrer Name: _____ Tel: _____)	
*Client Signature:	*Date: (mm/dd/yy)



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Order Information & Billing Authorization

PLEASE ADD ADDITIONAL PAGES IF NEEDED

* Indicates Mandatory Fields

*OTC Products Being Ordered		
Drug Name	Strength	Quantity
1.		
2.		
3.		
4.		
5.		

***How would you like to pay for your order? (Check one only)**

Visa MasterCard American Express Money Order Bank Draft

**** Please make all money orders and bank drafts payable to: Canada Health Solutions ****

***Name on Credit Card:**

***Credit Card Number:**

***Credit Card Verification Number:**

(The verification number is a 3-digit number printed on the back of your card. It appears after and to the right of your card number on the signature field.)

***Card Expiry Date:** ____/____ (mm/yy)

***Cardholder Address: Street & Apt. # (If different from above)**

***City:**

***State:**

***ZIP:**

***Country:**

***Shipping Address: Street & Apt. # (If different from above)**

***City:**

***State:**

***ZIP:**

***Country:**

***Billing Consent & Authorization**

I, the undersigned, authorize **Canada Health Solutions Inc.**, provider of the CheapRXmeds.com service, to apply all applicable charges to my credit card. These charges include the total cost of the products ordered and any applicable shipping and handling fees, which are applied to each package Canada Health Solutions ships me. I understand that all prices and dollar amounts are in United States dollars. I also represent that all of the information I have provided here is true and accurate to the best of my knowledge.

***Cardholder Signature**

***Date** (mm/dd/yy)