

ORDER FORM

90DAYMEDS

PHONE: 1-800-849-7805

FAX: 1-800-849-7691

EMAIL: rx@90daymeds.com

Suite 338
7360 137 Street
Surrey, BC, V3W 1A3
Canada

Personal Information

_____ Male Female
Your Full Name (please print clearly)

Street Address

City

State

ZIP Code

Phone (Home)

Phone (Cell)

Email

Birthdate (MM/DD/YY)

Height

Weight (Pounds)

Smoke

Pregnant

Nursing

Order Information

For medication(s) that you wish to order, please enter the quantity

MEDICATION	STRENGTH	QTY	PRICE
TOTAL			

Prescriptions

How will you submit your prescription(s)

Fax Email Mail On File Contact my Doctor

Allergies

Do you have any known drug allergies

Yes No

If yes, what are they

Medications

Please list all prescription medications you are currently taking.

Doctor Information

Doctors Name

Phone Number

Fax Number

Payment Information

MONEY ORDER Make International Money Orders and Checks payable to LIONTEL TELESERVICES INC.

Mail to: Suite 338
7360 137 Street
Surrey, BC, V3W 1A3
Canada

CHECK

ACH

Bank Name _____

Routing Number _____

Account Number _____

Check Number (optional) _____

Please note that once we receive your Check we can keep your account details on file for any future orders. We can process payments electronically and would not require for a new Check to be sent in.

Yes, I would like for my account information to be kept on my file for any future orders. I understand by checking this box I am providing my authorization to keep my account information from my Check on file for future orders.

No, I would not like to keep my account information on file. I will send a new Check for future orders.

I authorize the debit of my bank account using the electronic check process for my order

CREDIT CARD

Billing Address is the same as the Shipping Address

Name on Credit Card

Street Address

Credit Card Number

Unit/Apt # City

Expiry Date (MM/YY) Digit Security #

State ZIP

Signature

Date (MM/DD/YY)