



ORDER FORM

P.O. Box 1708 - 110 2nd Avenue N.W. | Roblin, MB. R0L 1P0

BILL TO

Full Name *(please print clearly)*

Company

Suite or Apartment Number

Street Address

City State/Province

Country Zip/Postal Code

() - () -

Phone Fax

Email

SHIP TO

Same as billing address

Full Name *(please print clearly)*

Company

Suite or Apartment Number

Street Address

City State/Province

Country Zip/Postal Code

() - () -

Phone Fax

QTY	ITEM	UNIT PRICE	TOTAL

SUBTOTAL

SHIPPING *TBD

TOTAL

PAYMENT OPTIONS

Visa MasterCard American Express

Cardholder's Name

City State/Province Zip/Postal Code

Credit Card Number

/

Credit Card Expiry (MM/YY) CVV Code

Cardholder's Signature

*Shipping will be calculated and confirmed with you prior to processing your order.

For Botox orders please include a prescription or DEA number.



Fax or Mail this form back to the address below.

P.O. Box 1708 - 110 2nd Avenue N.W. | Roblin, MB. R0L 1P0 | info@rxpad.biz | www.RxPad.biz

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