

Complete and fax to 1-866-816-3007

## 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 NORTH OF US INC.

Mail to: C-290 Main St  
PO Box 208  
Niverville, MB, ROA 1E0  
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)