



**Fax Order form: 1-800-234-9185**

**Customer Details:**

Name ..... Ph.....

Email ..... Fax.....

Purchase Code .....

**Delivery Details:**

Address .....

City ..... State .....

Zip Code ..... Country .....

**Billing Address Details:** (if different from above)

Address .....

City..... State .....

Zip Code..... Country.....

**Order your Medications:**

Medication Ordered	Strength	Quantity	Price
Total Goods US\$			
Add Freight* US\$			9.50
Total Payable US\$			

**\* Free delivery for orders over US\$100**

**Credit Card Details:**

Type of Card

Visa     MasterCard     American Express

Credit Card Number .....

Expiry Date.....

Card Holder Name .....

Security Code (Optional) .....

Signature .....

**PRESCRIPTION OR OTC PRODUCT:**

If the product you are ordering is a prescription product, you will need to fax a copy of your prescription to: 1-800-234-9185 or email it to: [prescription@valuepharmaceuticals.com](mailto:prescription@valuepharmaceuticals.com) before your order can be processed. If you are faxing your prescription, please ensure it is faxed with the completed form.

We will process your order as soon as we receive your fax.