

Order Form

International Pharmaceutical Services

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Personal Information (in English):

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Shipping Information (in English):

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Item Description (in English)	Price	Quantity	Total

Choose a shipping method:

International Priority Mail (via FedEx): US\$72.00
US Postal Service Express Mail International (EMI): US\$33.00
Registered First Class Mail International: US\$19.20
First Class Mail International: US\$8.40
Shipping and Handling for Refrigerated items: US\$150.00

Credit Card Information (Processing fee Amex 3.5%; Visa 9.5%)

Type Of Credit Card: _____

Card number: _____

Expiration Date (Month/Year): _____ Security Code: _____

Subtotal

If you would like to buy IPS insurance add 3% of Subtotal here:

Enter shipping cost here

Total

CC Processing fee

Special Instructions:

To submit your order, fax or mail us this completed Order Form. Payment in form of check or money order made out to IPS is acceptable. Fax orders to: + 1 (650) 573-6400. Mail orders to our address indicated on top of this form.

Purchaser certifies that all items are being purchased for personal use under supervision of a local Physician:

Signature: _____ Date: _____