

# Order Form

## International Pharmaceutical Services

3 W 37<sup>th</sup> Ave., Suite 12 • San Mateo, CA 94403 • USA • Tel: + 1 (650) 573-6200 • Fax: + 1 (650) 573-6400 • www.internationalpharmacy.com

### 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 (Visa or American Express)

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

Enter discount here  
3% for cash, 2% for Amex

### Total

### 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: \_\_\_\_\_