Changeways Clinic Product Order Form
For orders shipped to AB SK MN ON PQ PEI YT NWT NU Only

Complete this form, then send it with payment (made out to "**Changeways Clinic**") to Changeways Clinic, Suite 509, 2525 Willow Street, Vancouver BC, Canada, V5Z 3N8. If paying by credit card, you can fax this form to us at 604 871 0495.

Name: _____

Agency/Company (if appropriate): _____

Address: _____

_____

Phone: _____ Fax: _____

Email: _____

Product ordered	**Price**
Subtotal:	
Plus Shipping Cost (15% or 30%, see below): (multiply subtotal by % indicated for shipping)	
New subtotal:	
Plus 5% GST	
Total:	

Paying by (circle): Cheque Credit Card

Visa Master Card

Card #: _____

Expiry: _____

Name on Card: _____

Signature: _____

Shipping: For Canada Post parcel (delivery generally within 5 to 10 business days between major Canadian centres), please add 15% of your subtotal to the cost.

For Xpresspost (delivery in most areas within 2 business days) please add 30%.

Note: Delivery times are once the package is posted. It may take us up to 7 days to fill your order.