

Changeways Clinic Product Order Form For Orders Shipped to USA 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 (if appropriate): _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Product ordered	Price
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Subtotal:	_____
Plus Shipping Cost (25% or 30%; see below): (multiply subtotal by % indicated for shipping)	_____
Total:	_____

Paying by (circle): Credit Card OR Canadian Dollar Money Order

 Visa Master Card

Card #: _____

Expiry: _____

Name on Card: _____

Signature: _____

For Canada Post USA Expedited Parcel (7-8 business days) please add 25% of your subtotal to the cost.

For Xpresspost USA (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.