

[www.overseasrxdrugs.com](http://www.overseasrxdrugs.com)

Toll Free Phone 1-800-388-2813

Toll Free Fax 1-800-388-2813

### ORDER FORM

Please fax this order to us at: 1-800-388-2813 along with your prescription. If you do not have your prescription, have your doctor or pharmacy fax it to us. You may also scan and email this form and prescription to [info@overseasrxdrugs.com](mailto:info@overseasrxdrugs.com) or mail it to below address.

**Address:** Overseasrxdrugs, PO Box 76, Port Vila, Efate, Vanuatu

**Patient Name:** \_\_\_\_\_

**Address :** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email :** \_\_\_\_\_

#### *Payment Information*

**Method (Circle one)**      Master Card      Visa Card

**Name of Cardholder:** \_\_\_\_\_

**Credit Card Number :** \_\_\_\_\_

**Expiry Date:**      **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**CVV2 (3 digit Code printed on the back of card):** \_\_\_\_\_

**Address of Cardholder:** \_\_\_\_\_

Medication (Including Strength)	Quantity	Price
	Shipping	\$9.50
	Total :	

***Authorization***

I understand and agree that :

- 1) all sales are final
- 2) I must provide a valid prescription for this order.
- 3) Credit card charge will appear in my credit card statement as **Pacific Customer Services.**

**Signature** \_\_\_\_\_

**Print Name :** \_\_\_\_\_

**Date:** \_\_\_\_\_