



Your order

Date

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E. info@homeodispensary.com

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F. 1.855.493.4351

BRAND	PRODUCT NAME	FORM.	QTY
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DELIVERY - UPS

Name _____	Client name _____
Business name _____	Address _____
(if applicable) _____	City _____
Address _____	Postal Code _____
City _____	Phone _____
Postal Code _____	Cellular phone _____
Name of contact _____	Email _____
Phone _____	VISA _____
	Master Card _____
	Expiry date _____
	Name on card _____
	Signature _____

Name of Health Professional _____

Association _____

Membership # _____