



Changeways Clinic Product Order Form For Orders outside Canada/USA

Please complete this form, then send it with payment to Changeways Clinic, Suite 718, 2525 Willow Street, Vancouver BC Canada, V5Z 3N8 (in Canadian currency made out to "Changeways Clinic"). If paying by credit card, you can fax this form to us at (Country Code 1) 604 871 0495. You can also call us at 604 871 0490 to place your order by phone, and we can be reached via email at products@changeways.com.

Name: _____

Agency/Company (if appropriate): _____

Full Address: _____

Phone: _____ Fax: _____

Email: _____

Products (# copies of each, if more than one)	Price
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A. Subtotal: _____

B. Shipping (see below for amount) _____

Total payable (A + B): _____

Paying by (circle): Money Order (\$CDN, payable to Changeways Clinic) Visa MasterCard

Card #: _____ Expiry: _____

3 digit security code on reverse: _____ Name on Card: _____

For Canada Post International Surface Parcel (4 to 6 weeks delivery), please enter 30% of your subtotal on line B.
For International Air Parcel (6 to 10 business days), please enter 45% of your subtotal on line B.
For Purolator International (generally 2 business days), please enter 65% of your subtotal on line B.
If paying by credit card and the actual shipping cost is markedly LESS than your calculated cost, we will bill you for less. The actual amount will appear on your receipt. We will never bill you for more than the indicated amount.