



**DISCOUNT
CANADA DRUGS**

CODE: _____ MKT: _____ AFF: _____

Phone: 1-833-200-5343 Email: info@discountcanadadrugs.com
Fax: 1-833-345-0422 Web: www.discountcanadadrugs.com

Payment Option 1:

Electronic Checking (Please provide your banking Check information):

Your Routing Number

Your Account Number

Please include a copy of a voided check for verification purposes:

Routing Number
Your routing number is always 9 digits and is contained within ■.

Account Number
Your account number can be between 3 and 17 digits long and is always followed by ■.

This is your check number. Don't enter this.

Payment Option 2:

Personal Check, Cashier's Check or International Money Order:

Please make Personal Check or International Money Order paid to:

Ecom Payments

- I will send a PERSONAL check.
- I will send a CASHIER'S check.
- I will send an International Money Order. (Included with forms)

DiscountCanadaDrugs.com
PO Box 16002 Centennial PO
Winnipeg, MB, Canada
R3A 0E1

Mailing/Information Contact:

Option 1:

Please mail your prescription and these forms to the address above:

Option 2:

Contact My Doctor Please mail these forms to the address above and make sure that your Doctor's information is accurately filled out on page 1.

Option 3:

Please mail these forms to the address above and transfer my prescription from another Pharmacy .

Rx Number of prescription

Pharmacy Name (Please print clearly)

Street Address

City State/Province Country Zip/Postal Code

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Phone Ext. Fax

Please use this form to submit your prescription(s), and send it back to us to complete your order.

Patient's Signature

Date (MM/DD/YY)