

*First Name _____ *Last Name _____
 *Shipping Address: _____
 *City _____ *State _____ *Zip _____
 *Telephone (_____) _____ *Email _____
 YOU MUST HAVE VALID CONTACT INFORMATION AND PHONE NUMBER
 Circle: VISA / MASTERCARD / CHECK / MONEY ORDER *Credit Card # _____ / _____ / _____
 *Expiration Date _____ / _____ *CVV/CSN _____ (last 3 digit code on back panel of credit card)
 *Name exactly as it appears on the card: _____
 *Billing Address :(if different from shipping) _____
 *City _____ *State _____ *Zip _____
 *Drivers License Number (for check orders) _____ *State _____
 PayPal user ID or email _____
 Customers Comments/Instructions _____

Call us with Questions: 1-866-314-8917 For credit cards: FAX the form to 1-337-937-8801

INSTRUCTIONS: (Please Read Carefully)

For International Orders: Complete this form and fax it to 1-337-937-8801 or email it to info@DermaTechRx.com. We will email you with an invoice containing the charges based on your location and shipping method. You may also call 001.337.937.8800 for calculated shipping rates. All sales are final. International customers must use USPS Global Express mail. We do not accept Personal Checks or Money Orders as payment for International order.



For Payments Using PayPal: Complete the form and fax it to 1-337-937-8801. We will email you an invoice, instructions, and a request for payment.

For check and money orders (US Orders only): Mail this form along with your check or money order to: (Make checks payable to Q-Based Healthcare)

Q-Based Healthcare
 DermaTechRx
 P.O. Box 363
 Erath, LA 70533

All check orders will be held for 7 business days. Once the 7 business days are up, the order will be released and shipped.
 Counter checks not accepted.
 All returned checks will be charged \$25.00 USD return check fee.
 Check orders without email address, drivers license number and drivers license state will not be processed.
 All credit card orders or money order orders will be shipped within 24 hours of receipt of order form.