

Order Form for Fax or Mail

Print out this form, fill it out, and either fax it or mail it to us at:

PMB 63 * P.O. Box 439056 * San Diego, CA 92173-9056 *
 1-619-793-5621 * Toll Free: 1-866-553-3083 * Fax: 1-800-291-1508
 Email: sales@cancerproducts.com * Web: <http://cancerproducts.com>

| Product ID | Product / Title | Price per Item US\$ | Quantity | PRODUCT TOTAL US\$ |
|---|--|-------------------------------------|----------|--------------------|
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| Shipping and Handling Fee (Check online or call 1-866-553-3083 for details) | | | | |
| Subtotal: | | | | |
| TOTAL DUE: | | | | |
| Payment Methods | | | | |
| Check / M.O. Enclosed: | Make Checks or Money Orders payable to: Bio Research Institute (All checks must be in US Dollars, drawn on a bank located in USA and must include correct shipping and handling charges) | | | |
| Charge to: | _____ VISA _____ MasterCard | | | |
| Name on card: | | Billing Addr. Zip/post code: | | |
| Card #: | | Expiration Date: | | |
| Signature: | | | | |
| Customer Information | | | | |
| | Billing Address | Shipping Address | | |
| Name: | | | | |
| Company: | | | | |
| Address: | | | | |
| City: | | | | |
| State / Province: | | | | |
| Postal Code: | | | | |
| Country: | | | | |
| Phone: | | | | |
| Email: | | | | |