



INTERNATIONAL FAX/MAIL ORDER FORM

Billing Details		Shipping Details <input type="checkbox"/> Same As Billing	
Name:		Name:	
Company:		Company:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
Country:		Country:	
Phone:			
E-Mail			

Order Details

Item Name	SKU	Price	Qty	Sub Total
Total				

Would you like to make this an auto-shipment?
 Yes No I would like to receive this shipment Monthly Quarterly Est. Delivery Date Requested: _____

We use USPS for international Shipments. Do you prefer:
 Global Priority (6-10 day delivery) or **International First Class Mail** (14-21 day delivery)
 **We require all international shipments to be fully insured.

Would you like to use your own *shipper's account for this shipment?*

We require all international shipments to be fully insured.

Your Shipper Account # _____ This is a Fed Ex UPS DHL account

Please enter your credit card information:

Card type: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

CVV Code: _____ A three-digit code(that is printed on the back of your credit card. American Express cards have a 4 digit code on the front of the card.

Signed (your signature): _____

By signing this form, you give DrSaks.com permission to charge your credit card for the items listed above.

Special Instructions:

Please fax to: **(480) 452-1747** or mail this form to:

DrSaks.com
1200 N. Arizona Ave. #3
Chandler, AZ 85225