THE CANADIAN drugstore
www.tcds.com
Phone: 1-888-372-2252
Fax: 1-888-575-5506
91 Rylander Boulevard, Suite 7
Scarborough, Ontario
Canada M1B 5M5

3 EASY WAYS TO SIGN UP & START SAVING TODAY

1. Register online at www.tcds.com
2. Call 1-888-372-2252 to register by phone
3. Complete this CUSTOMER PROFILE & RELEASE

1. Personal Information (Strictly Confidential - ALL fields must be completed)

First Name:_____ Last Name:_____

Address:_____

City:_____ State: _____ Zip:_____

Phone: _____ Fax: _____ E-mail address:_____

Birth date:_____ Weight:_____ lbs. Sex: M ☐ F ☐ Smoker?: Y ☐ N ☐

Do you have any allergies (including drug allergies)? Y ☐ N ☐ If yes, please list (attach separate sheet if required):_____

How did you hear about us?

To help our pharmacists assess any possible interactions, please list all the medications you are currently taking and indicate how long you have been taking each one (attach a separate sheet if required):_____

2. What medication(s) would you like us to provide? (3 month maximum per order—attach a separate sheet if required)

Drug	Strength	Medical Condition	Quantity Requested	Generic if Available	Childproof Caps
				Y ☐ N ☐	Y ☐ N ☐
				Y ☐ N ☐	Y ☐ N ☐
				Y ☐ N ☐	Y ☐ N ☐
				Y ☐ N ☐	Y ☐ N ☐

You may be contaced by one of our pharmacists who will provide advice and counsel on your prescriptions

3. Do you wish to pay by Visa, MasterCard, checking account or money order

Why not pay using Direct Debit and SAVE an additional 4% - *it's safe and secure and it Saves!*

PLEASE COMPLETE ONE OPTION ONLY:

(a) Credit Card Information (VISA or MasterCard only)

Name as it appears on Credit Card:

_____

Card Number:_____

Expiry Month:_____ Expiry Year: _____

Address of Cardholder if different from patient:

Street:_____

City: _____ State:_____ Zip:_____

(b) Personal check Information

If you wish to pay through your checking account, please enclose a sample check marked "Void". We will direct debit your account for the amount (and SAVE you 4% off the price of your Order) .

If you wish to pay by money order, call 1-888-372-2252 to confirm the exact amount of your payment.
Please note that monely order payments will delay delivery by approximately 10 days for funds clearance.

4. Release (please sign and date below to authorize us to act on your behalf)

I appoint The Canadian Drugstore (the "Company") as my agent to: (1) have a physician outside the United States prepare a prescription for me that is the same as the prescription that I have from my own doctor, if necessary; and (2) purchase my medication from a pharmacist outside the United States and arrange for shipping (the Company's prices includes all these services.) I agree that medical advice is the sole responsibility of my U.S. doctor and The Company cannot assess the suitability or dosage of my prescription. I authorize the Company to disclose the personal and medical information that I have provided to the doctors and pharmacists the Company uses and to contact me regarding new information and updates. I agree that in the unlikely event that a dispute arises between me and the Company or the doctors or pharmacists the Company uses, the courts of Ontario, Canada will have exclusive jurisdiction and the law of Ontario, Canada will apply.

Signature: _____ Date: _____

Please attach your Prescription(s) or have your doctor fax it (them) to us at 1-888-575-5506

And Remember—*SHIPPING is ALWAYS FREE*, and when you *REFER a FRIEND* you can *Save $10* (call for details!)