Canadian DR-HO'S Order Form

1 **CALL TOLL FREE**
1-877-374-6669 OR
905-471-4735 (Toronto)
M-F, 9:00am - 5:00pm EST

OR **1-800-834-5963**
after 5:00pm EST

2 **SHOP ONLINE**
www.DrHoNow.com

3 **FAX TOLL FREE**
1-877-836-7466 OR
905-471-2608 (Toronto)

4 **MAIL TO:**
PO Box 26543
Markville R.P.O.
Markham, ON, CAD
L3R 0M4

SHIPPING
After totalling your order, use the chart to calculate your shipping charges. Volume discounted shipping rewards you with savings when you purchase more.

SUBTOTAL (before tax/shipping)	Regular Shipping
up to $50.00	$5.99
$50.01 - $84.00	$7.99
$84.01 - $229.99	$9.99
$230.00 +	$19.99

Need your order faster? Get your order in 4-6 business days for just $15 more.

ORDER INFORMATION

Item #	Name of Item	Qty	Price Each	Price Total

30 Day Money Back Guarantee
All purchases are backed by DR-HO'S 30-day guarantee of satisfaction. If you're not completely satisfied, please call us within 30 days from the ship date at 1-877-374-6669 (M-F, 9:00am - 5:00pm EST) and we'll gladly refund the purchase price (less S&H).

Subtotal	
Shipping Charge (See chart above)	
Express Shipping (Add $15.00)	
Tax (ON, NS, Nfld, NB add 13%. All other provinces add 5%)	
TOTAL ($ Canadian) Thank you for your order!	

☐ **Yes, I would like FREE membership into DR-HO'S New You Club to have my supplement(s) conveniently auto-delivered every 30 days at the exclusive low New You Club price (minimum 2 shipments required). To change your auto-delivery schedule, please call Customer Care at 1-877-374-6669 (Mon-Fri 9:00am to 5:00pm EST).**

Note: A credit card is required to become a DR-HO'S New You Club Member.

Cheque or money order payments: Please include the correct order total including shipping and applicable taxes. If unsure of your order total, please call Customer Service at 1-877-374-6669 (Mon-Fri, 9:00am to 5:00pm EST).

PAYMENT METHOD: Enclose your personal cheque or credit card information.

☐ **CERTIFIED CHEQUE or MONEY ORDER** (Payable to DR-HO'S)

☐ **VISA** ☐ **MASTERCARD** ☐ **AMERICAN EXPRESS**

Credit Card Account Number _____ Exp Date _____

Cardholder's Name _____ Signature _____

SHIPPING ADDRESS

Name _____ Date of Birth (DD/MM/YY) _____ Occupation _____

Address _____ Suite/Apt. _____ City _____ Province _____ Postal Code _____

Email _____ Home Telephone _____ Work Telephone _____ Fax _____

First Order? YES / NO Please send me FREE promotions, samples & health tips: YES / NO