



Phone: 1-800-869-2280
 Fax: 1-888-880-5650
 91 Rylander Boulevard, Suite 7
 Scarborough, Ontario
 Canada M1B 5M5

3 EASY WAYS TO SIGN UP & START SAVING TODAY

1. Register online at www.rxinternational.com
2. Call 1-800-869-2280 to register by phone
3. Complete this CUSTOMER PROFILE & RELEASE

First Name * Last Name *

Street Address * City *

State * Country *USA

Zip Code * Phone *

Email * Fax

Date of Birth (Month) * Date of Birth (Day) *Date of Birth (Year)*

How Did You Hear About Us? * e.g. doctor, internet

Promotional Code Affiliate Code

Friend Referral Customer Number

Weight (lbs) * Sex *
 Male
 Female

Pregnant? * Smoker? *
 Yes Yes
 No No

Nursing? * Allergies *
 Yes Yes
 No No

If "Yes" to allergies, please list your allergies below:



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Current Drug Name & Strength 1

Directions 1

Condition 1

Time on Medication 1

Current Drug Name & Strength 2

Directions 2

Condition 2

Time on Medication 2

Do You Accept Generic Drugs? *

Yes

No

Do you accept drugs from international pharmacy locations? *

Yes

No

Payment Method *

Check

Select Later

Routing Number

Account Number

Check Number

Bank Name

Bank Phone Number



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Release *

- I Accept

I appoint Rx International (the "Company" and "RXI") 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 price includes all these services.)
3. Be under the joint care of my primary physician and RXI secondary physician.

RXI provides secondary physician services to facilitate the dispensing of my prescription and any irregularities per the written prescription will be verified with my primary physician. 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 am over the age of 16 years old.

By clicking the "I accept" button above, I confirm my understanding and acceptance of these terms and appoint RXI to act on my behalf to take these steps outlined above.