

# ORDER FORM



# My Way

## Instructions:

- 1) Fill out the information below
- 2) Mail this form and your payment to

**Springer Pharmacy**  
1 West, Nine Mile Rd  
Henrico, VA 23075

Questions?  
Call (804) 737-6049

*Please Print Legibly*

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Quantity: \_\_\_\_\_ Price : \_\_\_\_\_ Total: \_\_\_\_\_  
\_\_\_\_\_ x \$ 38.95 = \$ \_\_\_\_\_

*Free ground shipping (5-7 days)*

- Check
- Money Order
- Credit Card

### Payment Information:

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CV Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_