



T&S Therapy Centre INTERNATIONAL

2016 Pediatric OSA Video Order Form – Fax to (619) 469-4524 - in UK Fax to 001 (619) 469-4524

Doctor Name: _____

Staff Name(s): _____

Address: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Email: _____

Cell Phone: _____ Office Phone: _____

☐ Session 1 Video ☐ Session 2 Video

\$399.00 per Session Video

VIDEO FEES

Pediatric OSA Video Session 1 x _____ \$ _____

Pediatric OSA Video Session 2 x _____ \$ _____

*Shipping Charge (Single DVD US Domestic Ground) \$ 9.95

Additional DVD's \$3.00 x _____ \$ _____

**International Shipping Call for quote

TOTAL FEE \$ _____

PAYMENTS

By signing below, I agree to the following terms: I, the above named, agree to pay T & S Therapy Centre International the full fee as outlined above for the listed program. I understand that T & S International is a US based company and that all fees are payable in US dollars. If your payment is made in a currency other than USD, the current exchange rate will be applied for each payment. I also understand that if paid in a different currency then a foreign exchange fee may be applied by my merchant and that T & S International is not responsible for that fee.

Please Select One Option:

☐ I authorize a one-time charge on my credit card for the entire amount for my **2016 Pediatric OSA Video**

PLEASE CHOOSE: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Name on Card _____

Card Number _____ Exp. Date _____ / _____ Billing Zip Code: _____

Cancellation Policy: Order cancellations are only accepted prior to the shipment of the product. Once the product has shipped all sales are final and no refunds will be provided. In cases where a cancellation is made, in writing, prior to shipment the customer will be refunded the product price, less 10% for administrative processing. All refunds will be issued via USD check from our corporate office within 21 days, regardless of how the initial payment was made. T & S International is not responsible for lost or stolen shipments. Please initial here to confirm that you have read and agree to the cancellation policy. _____

I understand, accept and acknowledge that this agreement made this _____ day of _____, 2016 to be in effect and binding as of said date of signing.

Print Name _____ **Signature** _____

* Shipping Rates: \$9.95 for Domestic (Continental U.S.) Additional fees apply for shipping to Alaska, Hawaii or U.S. Territories.

Shipping rate applies to shipment of a single DVD. Shipping of additional DVD's is \$3.00 per unit.

** For international shipping please call corporate office for a quote: (877) 865-4325.