

Your Information

Full Name

Phone Number

Sex

Male Female

Email

Date of Birth

Month

Day

Year

Address

Street Address

Apt. Number

Postal/Zip Code

City

State/Province

Country

Physician Information

Full Name

Phone Number

Doctor/Clinic Address

Street Address

Unit/Suite Number

Postal/Zip Code

City

State/Province

Country

Pet Information (Use this section only if this order is for a pet)

Name of Pet

Date of Birth

Month

Day

Year

Type

Dog Cat Other

Sex

Male Female

Order Information

Insulin Required	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Diabetic Medication Required	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Diabetic Supplies Required (test strips, lancets, etc.)	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

You must attach an image or fax of your valid prescription to complete this order.

Note: The total of your order will be confirmed with you before the payment is processed. Prices and products can be viewed at CanadianInsulin.com

Payment Information

Name on Card	Card Type	
<input type="text"/>	<input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover	
Card Number	Expiry	CVV
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coupon/Promo Code	Referred By	
<input type="text"/>	<input type="text"/>	

All payments are processed by an affiliated licensed Canadian pharmacy.

Flat rate shipping from an affiliated Canadian pharmacy includes express shipping services and packaging to anywhere in the United States. Cold shipment products are shipped using insulated shipping boxes with cold gel packs. Order details will be confirmed with you before the payment is processed.

Reminder: You must sign the Customer Agreement form (attached) before we can process this order.

CANADIANINSULIN.COM CUSTOMER AGREEMENT
(Version 1.1 effective September 27, 2016)

I, as the undersigned, being over the age of 21, hereby enter into this agreement (the "Agreement") with CanadianInsulin.com, for on and on behalf of itself and each Dispensing Pharmacy (defined below), intending to be legally bound:

1.01 I am delivering this Agreement to CanadianInsulin.com because I wish to place an order ("My Order") for certain medications ("My Medications"), on the terms and conditions set out herein.

1.02 I WANT TO PURCHASE MY MEDICATIONS FROM, AND HAVE MY ORDER FILLED BY, A LICENSED PHARMACY IN CANADA.

1.03 I confirm, acknowledge and agree that if, as part of the Order process, I have indicated that:

- a. I want to purchase my Medications from, and have My Order filled by, a pharmacy in more than one of the listed countries (all countries selected by me are referred to hereafter as a "Selected Country"), CanadianInsulin.com will, as my agent, select a licensed pharmacy (each, a "Dispensing Pharmacy") from one or more of the Selected Countries to dispense My Medications. CanadianInsulin.com will, as my agent, make the decision about which one or more Dispensing Pharmacy will dispense My Medications based on the availability and/or price of My Medications in the Selected Countries; and
- b. I want to purchase My Medications from, and have My Order filled by, a Dispensing Pharmacy in a specific Selected Country, My Medications will be dispensed by a Dispensing Pharmacy in that Selected Country selected for me by CanadianInsulin.com, as my agent.

1.04 I understand that CanadianInsulin.com is not a pharmacy and that in every case, I am purchasing My Medications from the Dispensing Pharmacy, and My Medications will be shipped directly to me by the Dispensing Pharmacy. If My Medications are being purchased from pharmacies in different countries, they will be shipped directly to me by the Dispensing Pharmacy in that country.

1.05 I confirm, acknowledge and agree that if My Medications are shipped to me from more than one Selected Country, I will be charged a separate shipping fee for each Selected Country. I further acknowledge that each Dispensing Pharmacy will make reasonable efforts to jointly ship My Medications and those of any other person who resides at my same address in the same package, however there is no guarantee that this will occur and therefore I confirm, acknowledge and agree that I and any other person who resides at the same address may each be charged a shipping fee for our medications.

1.06 I specifically confirm, acknowledge and agree that title to My Medications passes to me from the Dispensing Pharmacy when My Medications leave the Dispensing Pharmacy, and that (subject expressly to Sections 1.04 above and 1.9 of Schedule "A" attached) any and all agreements reached or contracts formed throughout the course of my purchase of My Medications are and shall be deemed to be made in respect of any of My Medications that are purchased in a Selected Country, in that Selected Country and accordingly shall be governed by the laws of that Selected Country applicable to such contracts and agreements.

1.07 I specifically confirm, acknowledge and agree that (subject expressly to Sections 1.04 above and 1.9 of Schedule "A" attached) any dispute that arises between me and CanadianInsulin.com or any of My Agents (defined below) shall, insofar as such dispute relates to any of My Agents located in a Selected Country, be governed by the laws of that Selected Country applicable to contracts formed in that Selected Country and the courts of that Selected Country shall have sole and exclusive jurisdiction over any such dispute.

1.08 The additional Terms and Conditions set out on Schedule "A" hereto, which Schedule is hereby incorporated herein by reference, form an integral part of this Agreement, and I acknowledge having read such terms and conditions and that I agree to them.

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS SET OUT IN THIS AGREEMENT (INCLUDING SCHEDULE "A" ATTACHED) AND AGREE, ON BEHALF OF MYSELF, MY HEIRS, SUCCESSORS, ADMINISTRATORS AND ASSIGNS, TO BE BOUND BY THESE TERMS AND CONDITIONS.

Signed this _____ day of _____, 201____.
(day) *(month)* *(year)*

Your name (please print): _____

Your signature: _____

Witness name (please print): _____

Witness signature: _____

ADDITIONAL TERMS AND CONDITIONS (SCHEDULE "A")

PART 1. AUTHORIZATIONS AND CONSENTS

1.1 - The authorizations, appointments, powers of representation and consents that I am providing herein to CanadianInsulin.com and My Agents commence on the date I sign the Agreement and will continue until I cancel them. I understand that I can cancel the authorizations, appointments and consents I have herein granted at any time.

1.2 - I hereby authorize and appoint CanadianInsulin.com and My Agents as my agents and attorneys for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain an Equivalent Prescription (defined below), if required by law in a Selected Country from which I am purchasing My Medications, to the same extent as I could do personally if I were present taking those steps and signing those documents myself. This authorization includes, but is not limited to: collecting Personal Information (defined below) about me; collecting similar information from My Doctor (defined below) or pharmacist; and disclosing my Personal Information to CanadianInsulin.com's employees, agents, contractors, subcontractors, affiliates and service providers, including without limitation any Agent Physician (defined below), any Dispensing Pharmacy and any pharmacist in a Selected Country being engaged on my behalf (collectively, "My Agents"), as required, for the limited purpose of obtaining the Equivalent Prescription and for My Order to be filled.

1.3 - In this Agreement, the term: (a)"Equivalent Prescription" means a prescription or equivalent authorization or approval that (in accordance with Section 1.03 of the Agreement to which this Schedule "A" is attached (the "Agreement")) is a Selected Country equivalent of My Prescription (defined below); and (b)"Personal Information" means personal health and medical information about me (including, without limitation, my medical history and drug history), my contact and demographic information (including, without limitation, my full name, address and phone number) and payment information.

1.4 - Without limiting anything else herein, I hereby provide my consent to allow a physician retained by CanadianInsulin.com or My Agents as my agents and attorneys on my behalf (an "Agent Physician"), in each Selected Country where My Medications are being purchased, to obtain Personal Information and other necessary documentation from My Doctor. This Agent Physician will be a duly licensed physician in the Selected Country where I am purchasing My Medications. For example, if My Medications are being purchased only in Canada, this Agent Physician will be a licensed Canadian physician; if they are being purchased in more than one Selected Country, an Agent Physician will be engaged in each Selected Country in which My Medications are being purchased (if required by the laws of that Selected Country in order for My Prescription to be filled), in connection with those of My Medications that I am purchasing in that Selected Country.

1.5 - I further consent to CanadianInsulin.com and each Agent Physician, each Dispensing Pharmacy and My Doctor being able to contact one another to discuss my Personal Information, as it pertains to the prescribing and dispensing of My Medications. I understand that the reason for this consent is to provide each Agent Physician and each Dispensing Pharmacy with the full opportunity to conduct an independent analysis of whether My Prescription is appropriate, and discuss any potential medical complications that might arise. I further understand that my Personal Information will not be used for any other reason, and will be kept in strict confidence. I further confirm and acknowledge that I am under the ongoing care of My Doctor, and I agree to regularly visit My Doctor and to promptly advise the Agent Physician and CanadianInsulin.com of any changes to my medical condition or prescriptions. It is clearly understood that I am not seeking medical treatment or service of any kind from any Agent Physician, CanadianInsulin.com or My Agents with regard to any medical advice, professional advice or treatment of any kind whatsoever. I have relied only on My Doctor in respect of My Prescription.

1.6 - I hereby specifically acknowledge that I am aware that CanadianInsulin.com will be transmitting my Personal Information by electronic means (for example fax, or secure internet) to My Agents. I understand that the use of electronic means will enhance the efficiency and timeliness of processing My Order. I also understand that CanadianInsulin.com, as a custodian of my Personal Information, will take precautions to protect my Personal Information from improper disclosure or use. I hereby consent to CanadianInsulin.com's transmission of my Personal Information by electronic means to My Agents.

1.7 - If I was directed to CanadianInsulin.com's services through an intermediary (for example, a pharmacy benefit manager, health management organization or other service provider, or a City or State or other group program), I hereby authorize CanadianInsulin.com to release Personal Information to such an intermediary if required for quality assurance or auditing purposes, or to permit the processing of any claims on my behalf. It is my understanding that all such SCHEDULE "A" intermediaries will provide confidentiality covenants to CanadianInsulin.com whereby they agree to hold any such information in strictest confidence and to abide by the privacy policies of CanadianInsulin.com relating to the protection of my Personal Information. I specifically consent to the transmission of the forgoing information to such intermediaries by electronic means.

1.8 - Subject specifically to Sections 1.04, 1.06, 1.07, and of the Agreement, I authorize and appoint CanadianInsulin.com and My Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary to package or repackage My Medications and to arrange delivery of them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents myself.

1.9 - I confirm, acknowledge and agree that I initiated a consultation with CanadianInsulin.com and that CanadianInsulin.com is not located in the United States of America.

PART 2. DISCLOSURE AND REPRESENTATIONS

2.1 - I hereby represent and confirm to CanadianInsulin.com, and to each of its affiliates, associates, related companies, subsidiaries and parent company and each of their respective directors, officers, shareholders, employees, contractors, subcontractors, successors and assigns and to My Agents that:

(a) My Medications were prescribed by a doctor ("My Doctor") licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside, or where I sought treatment;

(b) The prescription for My Medications ("My Prescription") was lawfully obtained by me from My Doctor;

(c) I will use My Medications strictly according to the instructions provided by My Doctor, as the person for whom they were prescribed. I will not allow anyone else to use My Medications;

(d) I can make my own medical decisions according to the laws of the place where I reside;

(e) My Prescription has not been altered in any way, nor has it been filled prior to submission to CanadianInsulin.com. I agree to immediately destroy all copies of My Prescription once it has been filled;

(f) I am not seeking or relying on any medical information, advice or approval from CanadianInsulin.com or My Agents, and I have consulted a qualified physician licensed in the jurisdiction where I obtained My Prescription within the last year;

(g) I will immediately contact My Doctor in the event I suffer any unexpected side effects from any of My Medications;

(h) I understand that it is my responsibility to have regular physical examinations by my primary licensed physician that is responsible for my care, including all suggested testing, to ensure that I have no medical conditions or problems which would contraindicate me taking My Medications; and Schedule "A".

PART 3. PURCHASE AND SALE TERMS

3.1 - The Dispensing Pharmacy will charge my credit card for the price of the medications and shipping charges as posted on the canadianinsulin.com web site on or about the day My Order is processed and all other documentation (including the Equivalent Prescription) necessary to enable the Dispensing Pharmacy(ies) to fill My Prescription has been received. In the event my payment is not authorized, CanadianInsulin.com has the right to cancel My Order and attempt to provide me with notice of such cancellation.

3.2 - I confirm, acknowledge and agree that:

(a) any of My Medications being purchased from a Dispensing Pharmacy will be packaged in child protective packaging if dispensed in non-manufacturer produced packaging or if required by law in the jurisdiction of the Dispensing Pharmacy;

(b) if requested by me, the Dispensing Pharmacy(ies) may substitute a brand name prescription drug with a generic prescription drug, where available, unless My Doctor indicates that there be "no substitution";

(c) medications may be returned or exchanged within thirty (30) days of purchase. Should it be necessary to return or exchange any product, I agree that I will contact CanadianInsulin.com and will be given the address for the return depot. Any returned or exchanged medications will be destroyed in accordance with applicable laws;

(d) CanadianInsulin.com and My Agents reserve the right to refuse to assist me in obtaining My Order or any other order in their sole discretion, in which event I will be entitled to a refund for monies paid for such order; and

(e) neither CanadianInsulin.com nor My Agents provide their agency or attorney services as a substitute for healthcare or the advice of my primary care physician.

3.3 - I confirm, acknowledge and agree that to the extent that my customer account and patient records can be considered to be owned by any person, same shall be owned by the Dispensing Pharmacy.

3.4 - I SPECIFICALLY CONFIRM, ACKNOWLEDGE AND AGREE THAT EACH AND EVERY ONE OF THESE TERMS AND CONDITIONS (INCLUDING, WITHOUT LIMITATION, MY CHOICE OF SELECTED COUNTRY(IES) AND DISPENSING PHARMACY(IES)) WILL SCHEDULE "A" AUTOMATICALLY, AND WITHOUT FURTHER ACTION BY ME OR CANADIANINSULIN.COM, APPLY TO AND GOVERN ANY FUTURE ORDERS BY ME OF MEDICATIONS FROM CANADIANINSULIN.COM, UNLESS I SPECIFICALLY INDICATE OTHERWISE AT THE TIME OF ORDERING SUCH MEDICATIONS. WITHOUT LIMITING THE FOREGOING, EACH AUTHORIZATION AND CONSENT PROVIDED BY ME IN THIS AGREEMENT WILL CONTINUE UNTIL I CANCEL SUCH AUTHORIZATION OR CONSENT (WHICH I CAN DO AT ANY TIME).

3.5 - BY PLACING MY ORDER WITH CANADIANINSULIN.COM, I AM REPRESENTING AND WARRANTING TO CANADIANINSULIN.COM AND MY AGENTS THAT THE SALE, DELIVERY AND SHIPMENT OF MY MEDICATIONS AND/OR OTHER PRODUCTS WHICH I REQUEST WILL NOT VIOLATE ANY IMPORT, EXPORT OR OTHER LAW OR REGULATION IN MY HOME JURISDICTION AND/OR THE JURISDICTION TO WHICH MY MEDICATIONS AND/OR SUCH PRODUCTS ARE BEING SHIPPED.