



TO: TobacAlert™ Sales, Nymox Pharmaceutical Corp. Attention: Trisha Emond
Fax: 1-514-332-2227
Number of Pages: 2



TobacAlert™ International Order Form

(Outside U.S. or Canada)

To place an order, complete both pages of this form and fax to 1-514-332-2227.
If you do not have access to a fax, please contact Trisha Emond at 1-514-332-3222 or sales@nymox.com

Billing Address:

P/O # (if applicable): _____
Name _____
Company _____
Address _____
City _____
Prov./State _____
Postal Code _____
Country _____
Telephone _____
Fax _____
Email _____

Shipping Address

Same as Billing Address
Name: _____
Company: _____
Address: _____
City _____
Prov./State _____
Postal Code _____
Country _____
Telephone _____
Fax: _____
Email: _____



Nymox Pharmaceutical Corporation
9900 Cavendish Blvd.
St.-Laurent, Québec, Canada H4M 2V2

Phone: 1-514-332-3222
Fax: 1-514-332-2227
Email: sales@nymox.com

TobacAlert™ Product	Price (US \$)	Quantity	Subtotal (Price x Quantity)
TobacAlert™ URINE 5 Test Pack	\$54.95 US		
TobacAlert™ SALIVA 5 Test Pack	\$59.95 US		
	Total Order:		
Shipping & Handling*	<input type="checkbox"/> Standard Surface Mail (Europe Only)	\$20.00 US	
	<input type="checkbox"/> Other countries: contact us to arrange.	As Arranged.	
Payment** (Total Order + Shipping & Handling)			\$ US

* Other applicable taxes or additional shipping charges are the customer's responsibility to pay.

** All payments are in U.S. dollars.

Credit Card Payment

 **VISA**

 **Mastercard**

Credit Card Number: _____

Expiry Date: ____ / ____ Card Security Code (3 digits on back of card): ____ ____ ____
 mm yy

Cardholder Name: _____

Fax only.

**Please do NOT
email credit card
information to us.**

Cardholder Signature: _____

Shipping Information

Standard Surface Mail (Europe only) Minimum 14 days for delivery \$20.00 U.S.

To arrange for other shipping, contact us at 1-514-332-3222 or sales@nymox.com.

Additional or extra shipping charges are the customer's responsibility.



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