



Customer Order Form

To place an order, please call **1.833.887.7686**,
 fax **954.341.3588** or email ussales@methapharm.com

Institution Name: _____ Customer/Account #: _____

Order Placed by: _____ Customer P.O. #: _____

Position title: _____ Telephone number: _____

Email address: _____

Special Terms/Conditions: _____

Product Code	Description of Product	NDC	Packaging	Quantity
5000001	Provocholine® 100 mg (20 mL vial)	64281-100-06	6 vials / carton	
5000034	Aridol® Bronchial Challenge Test Kit	67850-552-01	Sold Individually	
5000040	Provocholine® Inhalation Solution	64281-110-06	6 kits / carton	

Note:	Photocopy of Pharmacy License / Physician License or Registration of Authorized Personnel Purchasing Prescription Drugs is required for all orders if not on file.
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Payment by: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Net 30 days (approved credit)
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Card Holder: _____ Signature: _____

Credit Card #: _____ EXP: _____

I hereby authorize Methapharm Inc. to charge the amount noted to my credit card. All orders are subject to Methapharm's Standard Terms as per our Return Policy in force as at the time of the order. Revised July 2, 2021

For Office Use Only	Order placed on: _____	Taken by: _____	C.C. Authorization#: _____
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