



Call us Toll-Free at 1-877-378-4799 or Fax us Toll-Free at 1-866-324-9692

STEP 2: REVIEW THE CUSTOMER AGREEMENT PRIOR TO SIGNING THE PATIENT INFORMATION FORM ACKNOWLEDGING YOUR AGREEMENT TO THE TERMS BELOW

1. I as the undersigned, being over the age of 21 or of the legal age of majority in the state for which I reside, hereby enter into this agreement (the "Agreement") with Meds4Mail intending to be legally bound I hereby represent and confirm to Meds4Mail, and to each of its affiliates, associates, related companies, subsidiaries and parent company and each of their respective directors, officers, shareholders, employees, contractors, successors and assigns (all such persons are hereafter collectively referred to as either "Meds4Mail" or the "Meds4Mail Agents") (defined below) that:

2. The pharmaceutical(s) to be delivered to me in connection with my Order (the "Pharmaceutical(s)") were prescribed by a doctor licensed to practice medicine in the country, state or other applicable jurisdiction in which I reside or where I sought treatment. I lawfully obtained the prescription(s) for the Pharmaceutical(s) from that physician. I will use the Pharmaceutical(s) strictly according to the instructions provided by the physician who prescribed the pharmaceuticals, as the person for whom such pharmaceutical(s) were prescribed.

3. The Prescription has not been altered in any way nor has it been filled prior to submission to Meds4Mail. If my order was sent by fax, I will immediately send the original prescription to Meds4Mail. I am not seeking or relying on any medical information from Meds4Mail and I have consulted a qualified physician licensed in the jurisdiction where I obtained the Prescription within the last year. I will immediately contact the physician who provided the Prescription in the event I suffer any unexpected side effects from any of the Pharmaceutical(s). I understand that it is my responsibility to have regular physical examinations by my primary U.S. licensed physician that is responsible for my care, including all suggested testing to ensure I have no medical conditions or problems that would constitute a contraindication to me taking the Pharmaceutical(s) being prescribed; and

4. I acknowledge that Meds4Mail, its employees and agents have relied on the information and documentation that I am providing (including the Patient Information Form, the Order Form and the Prescription) and I represent and confirm that I have fully and accurately disclosed all pertinent information and documentation to Meds4Mail. I agree to notify Meds4Mail of any changes to my physical or medical condition by providing an updated Patient Information Form.

5. I hereby authorize and appoint Meds4Mail as my agent and attorney for the limited purpose of taking all steps and signing all documents on my behalf necessary to obtain a prescription in the country where the dispensing pharmacy is located that, is the equivalent of the prescription that I sent to Meds4Mail (the "Equivalent Prescription") to the same extent that I could do personally if I were present taking those steps and signing those documents myself. This authorization shall include, but not be limited to, collecting personal health information about me, collecting similar information from my prescribing physician or pharmacist, and disclosing that personal health information to Meds4Mail employees, agents, affiliates and service providers, including without limitation the physician licensed in the country where the dispensing pharmacy is located and any pharmacy or pharmacist being retained by Meds4Mail on my behalf (collectively the "Meds4Mail Agents"), as required for the limited purpose of obtaining the Equivalent Prescription and filling my Order. The authorizations and consents that I am providing herein to Meds4Mail commence on the date I sign this Agreement and will continue until I revoke them. I understand that I can revoke the consents and authorizations I have granted herein at any time.

6. I hereby specifically acknowledge that I am aware that Meds4Mail will be transmitting my personal health information by electronic means (for example fax, secure internet) to its employees, agents, affiliates and service providers including the physician retained on my behalf. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my Order. I also understand that Meds4Mail, as a custodian of my personal health information, will take all appropriate precautions to protect my personal health information from improper disclosure or use. I hereby consent to Meds4Mail's transmission of my personal health information by electronic means.

7. I authorize and appoint Meds4Mail and the Meds4Mail Agents as my agents and attorneys for the purpose of taking all steps and signing all documents on my behalf necessary to a) package or repackage and b) shipping my Pharmaceutical(s) and to deliver them to me, to the same extent as I could do if I were personally present taking those steps and signing those documents as if I had done so myself.

8. I acknowledge and agree that I initiated a consultation with Meds4Mail and that neither Meds4Mail nor the Meds4Mail Agents are located in the United States. I also acknowledge that the Meds4Mail Agents contracted by Meds4Mail on my behalf are located in Canada or other countries selected by Meds4Mail and that all professional services that I receive from the physicians and pharmacists licensed in Canada or in the other countries, as the case may be, are being received in those jurisdictions.

9. Without limiting anything else herein, I hereby provide my consent to allow any licensed physician retained by Meds4Mail on my behalf to obtain my medical history, drug history, contact information and other necessary documentation from my U.S. physician. I further consent to the physician retained by Meds4Mail on my behalf and my U.S. physician being able to contact one another to discuss my medical condition, as it pertains to the prescribing of my Pharmaceutical(s). I understand that the reason for this consent is to provide the licensed physician retained on my behalf with the full opportunity to conduct an independent analysis of whether my Prescription is appropriate, and discuss any potential medical complications that might arise.

10. Meds4Mail and the Meds4Mail Agents shall be entitled to substitute a brand name prescription drug with a generic prescription drug, where available, unless either the U.S. physician or the physician retained by Meds4Mail on my behalf has indicated that there be "no substitution".

11. *Once purchased and shipped, no pharmaceutical product may be returned or exchanged. Meds4Mail will not exchange medication or return any monies paid once an order is filled, unless the pharmaceutical(s) provided to me by the supplying pharmacy does not correspond with my prescription.*

12. I specifically acknowledge and agree that any and all agreements reached or contracts formed throughout the course of my purchase of the Pharmaceutical(s) shall be deemed to be made in respect of any pharmaceuticals that were dispensed in Canada, in the Province of Manitoba, Canada and accordingly shall be governed by the laws of the Province of Manitoba and the laws of Canada applicable to such contracts and agreements; and in respect of any pharmaceuticals that are dispensed in a country other than Canada, in that jurisdiction and accordingly shall be governed by the laws of the jurisdiction where the pharmaceuticals were dispensed applicable to such contracts and agreements.

13. I specifically acknowledge and agree that any dispute that arises between me and Meds4Mail or any of the Meds4Mail Agents shall insofar as such dispute relates to Meds4Mail or any of the Meds4Mail Agents located in Canada, be governed by the laws of the Province of Manitoba and the laws of Canada applicable to contracts formed in Manitoba shall have sole and exclusive jurisdiction over any such disputes; and insofar as such dispute relates to any Meds4Mail Agents located in a country other than Canada, which dispute shall be governed by the laws of jurisdiction where the Meds4Mail Agent is located applicable to contracts formed in that jurisdiction and the courts of that jurisdiction shall have sole and exclusive authority over any such dispute.

I have read and understood the terms and conditions set out in this Agreement and agree, on behalf of myself, my heirs, successors, administrators and assigns to be bound by these terms and conditions.