



# INTERNATIONAL ORDER FORM

Title	(Indicate Hardcover or Softcover)	Quantity	Item Price	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal: \_\_\_\_\_ USD

\*Visit our website or contact us for a quote\* Shipping Cost: \_\_\_\_\_ USD

Order Total: \_\_\_\_\_ USD

**SHIPPING:** Typically International Orders ship via US Postal Mail – Priority Mail International.  
 Shipping is based on weight.  
 Shipping rates start at \$34.95 USD for 1 book.  
**Contact us for a shipping quote. Or visit our website, enter what you would like to order, and at the shopping cart page, you can get a shipping quote.**

Name \_\_\_\_\_ Title/Dept \_\_\_\_\_

Organization \_\_\_\_\_ PO # \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\* Pre-payment required – POs requesting to be invoiced will not be accepted - though we can note a PO # on shipping label \*

Card Number \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Exp Date \_\_\_\_\_ CVC # \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Card Holder \_\_\_\_\_ Signature \_\_\_\_\_

SHIP TO:  
Name: \_\_\_\_\_

CREDIT CARD BILLING ADDRESS:  
Same as Shipping? Check here:

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Post Code \_\_\_\_\_ Country \_\_\_\_\_

Post Code \_\_\_\_\_ Country \_\_\_\_\_

To Submit Your Order or Request a Shipping Quote – Please Use One of the Options Below:

PHONE: (406) 586-8775 or FAX: (406) 586-5672

EMAIL: [Orders@SecondRiverHealthcare.com](mailto:Orders@SecondRiverHealthcare.com) Website: [www.SecondRiverHealthcare.com](http://www.SecondRiverHealthcare.com)

POSTAL MAIL: Second River Healthcare 26 Shawnee Way, Ste C Bozeman, MT 59715