

## “Save Money on Meds” Order Form

**Mail to: Save Money on Meds  
C/o Jack Brannan  
19051 Bandera Rd.  
Helotes, TX 78023**

**Fax #: 210-695-2512**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Payment Information:

Please make check (or money order) out to: **Sav-MoneyonMeds**

**(Include check or money order with completed order form and don't forget to date and sign the check/money order. Any checks or money orders that are not accurately completed will be promptly returned).**

I hereby authorize Jack Brannan to use the information above to process the purchase of “Save on Meds” information packet for the price of \$19.95. I agree to pay Mr. Brannan \$19.95, in full, for said information packet mentioned above and I understand that if, for any reason, Check/Money Order is rejected, Mr. Brannan is under no obligation to process my order. I further understand that the processing of my order may take 4 to 6 weeks (or longer) to reach me by USPS and that I am not entitled to any refund of the purchase price of the order until a full 30 days after receipt of the packet and with valid proof (in the form of copies of my medication order invoices) that I was unable to save ANY money on my medications, by following the instructions provided with the “Save on Meds” information packet as proposed by Mr. Brannan. I agree to not hold Mr. Brannan legally responsible for any problems that may occur with the filling and/or shipping of my medications or with anything other than the “30 day money back guarantee” if I am unable to save any money on my medications by following the information and instructions within the “Save on Meds” information packet. I also agree to not copy and market the “Save on Meds” information packet for my own profit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date