

Maryland University of Integrative Health Herb Dispensary

Phone number: 410-888-9048, ext. 6676 \* Email: herbs@muih.edu

Updated 9/613/16

**CUSTOMER BILLING & SHIPPING INFORMATION**

The Herb Dispensary will gladly process your order prior to pick up with the information you provide us for payment. Please note that all custom compounds (all formulas individually recommended by the practitioner) need advance payment prior to preparation.

If you would like to bill a credit card please fill out the requested information below. Orders may be called in advance and prepaid orders will be ready for pick up by the end of the next Herb Dispensary business day. When the Herb Dispensary is closed all pre-paid completed orders will be held at the front desk on the first floor and may be picked up during regular hours.

**Dispensary hours:** Monday 1:00 PM - 8:00 PM Tuesday 2:00 PM - 8:00 PM  
Wednesday 10:00 AM - 3:00 PM Thursday 10:00 AM - 3:00 PM  
Friday 10:00 AM - 5:00 PM

**Front Desk Hours\*:** Monday – Friday: 7:00 AM - 10:00 PM  
Saturday and Sunday: 7:00 AM – 6:00 PM  
Check [www.muih.edu](http://www.muih.edu) for open weekend dates

**\*Please call in advance to confirm that the front desk is open: 410-888-9048 ext 6609.**

You may detach the information below to give to your practitioner for submittal to the Herbal Dispensary. Your shipping and payment information will remain on file at your request for future orders and refills.

You may also fax your information to the Herb Dispensary at 301-725-5274.

Or mail it to Maryland University of Integrative Health, Attn: Herb Dispensary 7750 Montpelier Rd, Laurel MD, 20723.

Checks and money orders are also accepted as forms of prepayment.

Shipping rates vary depending upon the shipping destination. Please call to determine shipping costs: 410-888-9048 ext. 6676.

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

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

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

Phone \_\_\_\_\_

Visa or MasterCard # \_\_\_\_\_ Exp: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature \_\_\_\_\_

Please initial \_\_\_\_\_ if you would like this c.c. number kept on file for future ordering.

Please initial \_\_\_\_\_ if you permit your practitioner to authorize c.c. charges on your behalf (to allow Herb Dispensary staff to quickly process your pre-paid order).