

WESTERN UNION PAYMENT FORM

PAYEE DETAILS

- Please ensure that all details are exactly as written.
- Even a 1-character difference can result in a delay.

Country: CANADA

Province: ONTARIO

City: TORONTO

Street: 2-1089 BROADVIEW AVE.

Postal/Zip Code: M4M1Y7

Payee Name: "VARICOCELE HEALING, LTD." OR "BABAK NOZARI"

Order Amount: Payment in USD or exchanged to CAD

Phone #: +1-416-899-9970

PROOF OF PAYMENT: ONE (1) OF THE FOLLOWING

- Preferred: A picture of your order receipt.
- Acceptable: Western Union Confirmation #, as well as your full name, exact payment amount, country & city.

PAYMNET VARIFICATION & ORDER FULFILLMENT

- 1 business day for payment varication.
- 1-2 days for order fulfillment purposes.
- Please contact support for all order inquiries to: support@varicocelehealing.com

IMPORTANT NOTICE

- Note that all posted prices are in United States Dollars (USD).
- Posted payments should be in USD (United States Dollars) or exchanged to CAD (Canadian Dollars)

Varicocele Healing, Ltd.

varicocelehealing.com

+1-800-257-9402

