



983 12th Street • Vero Beach, FL 32960 • Toll Free 800-510-1050  
 Fax: 800-500-3060 • Local Fax: 772-567-4609

RX Products  
 You Know and Trust

## ALASKA PRESCRIPTION PAD ORDER FORM

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

For multiple locations/providers, please attach a second sheet with enlarged script sample or written out instructions.

TAMPER RESISTANT SCRIPTS

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1 DEA# \_\_\_\_\_ (only if you want preprinted on scripts)

2 LIC# \_\_\_\_\_ 3 NPI# \_\_\_\_\_  
 (Only if you want preprinted on scripts) (Only if you want preprinted on scripts)

4 Name 1 \_\_\_\_\_

5 Name 2 \_\_\_\_\_

6 Address \_\_\_\_\_ 7 Suite \_\_\_\_\_

8 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9 Tel (\_\_\_\_\_) \_\_\_\_\_ 10 Fax (\_\_\_\_\_) \_\_\_\_\_  
 (Only if you want preprinted on scripts)

Shipping address different than Script address, please list on separate sheet.

\*\*\* Please CIRCLE IN INK the amount you want to order \*\*\*

SINGLE SHEET SCRIPT PADS								*2-PART SCRIPT PADS							
Single Scripts = 100 sheets per pad								*2-Part = 50 Original scripts and 50 blanks copy sheets							
Qty	4	10	20	30	40	50	100	4	10	20	30	40	50	100	
	\$58.00	\$93.00	\$110.00	\$146.00	\$169.00	\$206.00	307.00	\$92.00	\$135.00	\$205.00	\$245.00	\$284.00	\$352.00	\$549.00	
Set-up	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	25.00	
S/H	41.75	45.50	61.75	80.00	87.55	95.50	132.85	44.50	51.75	74.85	95.50	114.95	133.65	136.85	
<b>Total</b>	<b>\$124.75</b>	<b>\$163.50</b>	<b>\$196.75</b>	<b>\$251.00</b>	<b>\$281.55</b>	<b>\$326.50</b>	<b>\$464.85</b>	<b>\$161.50</b>	<b>\$211.75</b>	<b>\$304.85</b>	<b>\$365.50</b>	<b>\$423.95</b>	<b>\$510.65</b>	<b>\$719.85</b>	

Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

Contact information is for us to reach you with regard to your order and will not be printed on the scripts.

**SCRIPTS WILL CONFORM TO YOUR LEGAL STATE FORMAT**

DISC  AMEX EXPIRY DATE \_\_\_\_\_

VISA  M/C NUMBER \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

\* Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.

Address \_\_\_\_\_ Zip \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If mailing a CHECK for payment, please make check payable to: **Minuteman Press**