Minuteman Press
WE DESIGN, PRINT & PROMOTE...YOU!

RX Products
You Know and Trust

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

WYOMING APPROVED FOR SCHEDULE II-V PRESCRIPTION PAD ORDER FORM

THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

TAMPER RESISTANT SCRIPTS

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

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

2 LIC# _____ *(Only if you want preprinted on scripts)* 3 NPI# _____ *(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 seperate sheet.*

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

	SINGLE SHEET SCRIPT PADS (HOLOGRAM) Single Scripts = 100 sheets per pad							*2-PART SCRIPTS PADS (HOLOGRAM) *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	8	16	24	32	40	48	96	8	16	24	32	40	48	96
	$173.00	$221.00	$284.00	$340.00	$397.00	$460.00	$821.00	$260.00	$351.00	$463.00	$569.00	$627.00	$707.00	$1189.00
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	19.35	21.25	24.75	29.75	31.90	38.75	62.95	24.30	25.85	30.45	37.55	53.65	59.95	77.85
Total	**$217.35**	**$267.25**	**$333.75**	**$394.75**	**$453.90**	**$523.75**	**$908.95**	**$309.30**	**$401.85**	**$518.45**	**$631.55**	**$705.65**	**$791.95**	**$1291.85**

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