

RX Products You Know and Trust

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SEQUENTIALLY NUMBERED

ARIZONA 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. 1 DEA# _____ (only if you want preprinted on scripts) (Only if you want preprinted on scripts) 6 Address 7 Suite 8 City _____ State ____ Zip _____ ☐ 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 Numbered Single Scripts = 100 sheets per pad Qty 40 \$118.00 \$164.00 \$195.00 \$235.00 \$274.00 \$323.00 \$565.00 We no longer print 2 part prescription pads. 25.00 25.00 25.00 25.00 25.00 25.00 Set-up 25.00 21.75 23.85 29.25 S/H 34.75 40.15 44.60 65.25 Total \$164.75 \$212.85 \$249.25 \$294.75 \$339.15 \$392.60 \$655.25 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 EXPIRY DATE _____ □ DISC □ AMEX □VISA □M/C NUMBER * 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. Print Cardholder's Name

Cardholder's Signature _____ Title___ Date

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