



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

**SEQUENTIALLY
NUMBERED**

ARIZONA PRESCRIPTION PAD ORDER FORM
**THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT
CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.**

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

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 CHECK(☒) IN INK the amount you want to order ***

SINGLE SHEET SCRIPT PADS (HOLOGRAM) Numbered

Single Scripts = 100 sheets per pad

Qty	☐ 8	☐ 16	☐ 24	☐ 32	☐ 40	☐ 48	☐ 96
	\$224.00	\$320.00	\$378.00	\$448.00	\$520.00	\$528.00	\$864.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
S/H	22.75	25.50	32.75	42.75	48.55	52.70	72.85
Total	\$296.75	\$395.50	\$460.75	\$540.75	\$618.55	\$630.70	\$986.85

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**

Visit us at RxMinutemanPress.com

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