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

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

TAMPER RESISTANT SCRIPTS

SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

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 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 SCRIPT 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
Sales Tax	13.86	17.82	21.63	25.55	29.54	33.95	59.22	19.95	26.32	34.16	41.58	45.64	51.24	84.98
S/H	19.25	20.50	21.95	24.65	26.45	28.50	45.85	20.50	22.75	24.75	27.50	39.25	31.65	48.85
Total	$231.11	$284.32	$352.58	$415.20	$477.99	$547.45	$951.07	$325.45	$425.07	$564.91	$663.08	$736.89	$814.89	$1432.81

**If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

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**