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

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

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.*

TAMPER RESISTANT SCRIPTS

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

SINGLE SHEET SCRIPT PADS

Single Scripts = 100 sheets per pad

Qty	❑ 4	❑ 8	❑ 24	❑ 32	❑ 40	❑ 48	❑ 96
	$98.00	$136.00	$288.00	$320.00	$330.00	$360.00	$480.00
Set-up	50.00	50.00	50.00	50.00	50.00	50.00	50.00
S/H	41.75	45.50	61.75	80.00	87.55	95.50	132.85
Total	**$189.75**	**$231.50**	**$399.75**	**$450.00**	**$467.55**	**$505.50**	**$662.85**

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