



**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)

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM) Numbered Single Scripts = 100 sheets per pad								*2-PART SCRIPTS PADS (HOLOGRAM) Numbered *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
	\$140.00	\$180.00	\$228.00	\$272.00	\$316.00	\$372.00	\$648.00	\$222.00	\$302.00	\$402.00	\$492.00	\$532.00	\$602.00	\$997.00
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	19.75	20.85	25.25	30.75	38.15	39.60	51.25	20.15	23.95	31.35	49.35	62.65	65.25	71.50
<b>Total</b>	<b>\$184.75</b>	<b>\$225.85</b>	<b>\$278.25</b>	<b>\$327.75</b>	<b>\$379.15</b>	<b>\$436.60</b>	<b>\$724.25</b>	<b>\$267.15</b>	<b>\$350.95</b>	<b>\$4458.35</b>	<b>\$566.35</b>	<b>\$619.65</b>	<b>\$692.25</b>	<b>\$1093.35</b>

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  VISA  M/C NUMBER \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_  
 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 in a CHECK for payment, please make check payable to: **Minuteman Press**