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

WASHINGTON STATE 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 CIRCLE IN INK the amount you want to order ***

	SINGLE SHEET SCRIPT PADS Single Scripts = 100 sheets per pad							*2-PART SCRIPT PADS *2-Part = 50 Original scripts and 50 blanks copy sheets						
Qty	4	8	24	32	40	48	96	4	8	24	32	40	48	96
	78.00	98.00	120.00	151.00	174.00	211.00	320.00	102.00	140.00	240.00	281.00	315.00	365.00	574.00
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	23.60	31.95	34.75	40.50	47.75	78.75	99.55	29.15	34.85	41.35	48.75	55.25	89.75	115.35
Total	**$126.60**	**$154.95**	**$179.75**	**$216.50**	**$246.75**	**$314.75**	**$444.55**	**$156.15**	**$199.85**	**$306.35**	**$354.75**	**$395.25**	**$479.75**	**$714.35**

WA State Seal is printed on scripts

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