

## **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

## HAWAII PRESCRIPTION PAD ORDER FORM

	•		•	•					_	•				struction	
	LIC#(Only if you want preprinted on scripts)														
	Name 1														
6 Addre	ess	7 Suite													
8 City									State			Zip	)		
9 Tel (_		)						_ 10 Fax	(	)(On	ly if you war	t preprinted	on scripts)		
													er ***		
	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	10	20	30	40	50	100	4	10	20	30	40	50	100	
	\$50.00	78.00	84.00	108.00	120.00	145.00	230.00	82.00	117.00	173.00	200.00	228.00	282.00	458.00	
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	22.95	30.95	33.95	39.75	46.25	77.75	96.95	28.55	33.95	39.25	44.90	55.95	89.95	114.85	
Total	\$97.95	\$133.95	\$142.95	\$172.75	\$191.25	\$247.75	\$351.95	\$135.55	\$175.95	\$237.25	\$269.90	\$308.95	\$386.95	\$597.85	
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										С					
Email P	Address:			ation is f	or us to r	each you	with rega	rd to your	order and	l will not b	e printed o	on the scri	pts.		
		S	CRIP	rs WII	LL CC	NFOF	RM TO	YOUR	R LEG	AL STA	ATE FO	PRMAT	-		
	□ DISC □ AMEX								EXPIRY DATE						
							SECURITY CODE put the address where the credit card statement is sent when you receive your bill.								
* Addres	ss verificatio	on system	for credit.	If you are	paying by	credit card,	you MUST	put the add	lress where	the credit o	ard stateme	ent is sent w	rhen you rec	eive your bill	
Addres	SS											Zi <sub>l</sub>	p		
		r's Name	ė												
Print Ca	ardnoide	o ivalile													