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RX Products
You Know and Trust

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# (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 ()
Shipping address different than Script address, please list on separate sheet. (Only if you want preprinted on scripts)

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

Table with 2 main columns: SINGLE SHEET SCRIPT PADS (HOLOGRAM) and *2-PART SCRIPTS PADS (HOLOGRAM). Rows include Qty, Set-up, S/H, and Total for various quantities (8, 16, 24, 32, 40, 48, 96).

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