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

GEORGIA NON-SCHEDULE II 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

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)

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

SINGLE SHEET SCRIPT PADS (HOLOGRAM) Single Scripts = 100 sheets per pad								*2-PART SCRIPTS PADS (HOLOGRAM) *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
	$146.00	$188.00	$234.00	$280.00	$330.00	$384.00	$672.00	$228.00	$310.00	$408.00	$500.00	$547.00	$614.00	$1021.00
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	16.75	18.15	19.25	20.95	22.45	24.95	37.25	17.75	18.95	21.25	27.85	33.65	35.75	47.60
Total	**$187.75**	**$231.15**	**$278.25**	**$325.95**	**$377.45**	**$433.95**	**$734.25**	**$270.75**	**$353.95**	**$454.25**	**$552.85**	**$605.65**	**$674.75**	**$1093.60**

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 paybale to: **Minuteman Press**