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

FLORIDA PRESCRIPTION PAD ORDER FORM

THESE SCRIPTS CONTAIN AN EXCLUSIVE SECURITY HOLOGRAM THAT CAN NOT BE COPIED, SCANNED, ERASED, LIFTED OR ALTERED.

TAMPER RESISTANT SCRIPTS

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SCRIPTS INCLUDE CHECK BOXES FOR NON-ACUTE PAIN/ACUTE PAIN EXCEPTION

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.

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 SCRIPT 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
	$154.00	$204.00	$258.00	$312.00	$370.00	$432.00	$768.00	$236.00	$326.00	$432.00	$532.00	$587.00	$662.00	$1117.00
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
Sales Tax	12.53	16.03	19.81	23.59	27.65	31.99	55.51	18.27	24.57	31.99	38.99	42.84	48.09	79.94
S/H	18.25	19.75	20.25	21.45	22.15	23.50	33.95	19.25	20.95	21.85	25.55	28.85	29.35	39.65
Total	**$209.78**	**$264.78**	**$323.06**	**$382.04**	**$444.80**	**$512.49**	**$882.46**	**$298.52**	**$396.52**	**$510.84**	**$621.54**	**$683.69**	**$764.44**	**$1261.59**

**If you are tax exempt, delete tax amount from total and supply copy of Tax Exemption Number.

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.

☐ 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**