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

SEQUENTIALLY NUMBERED

ARIZONA 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

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 Numbered Single Scripts = 100 sheets per pad							***2-PART SCRIPTS PADS** Numbered *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
	$94.00	$120.00	$150.00	$184.00	$216.00	$252.00	$432.00	$123.00	$140.00	$183.00	$252.00	$313.00	$334.00	$685.00
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	20.75	21.85	26.25	31.75	39.15	40.60	52.25	21.15	24.95	32.35	50.35	63.65	66.25	72.50
Total	**$139.75**	**$166.85**	**$201.25**	**$240.75**	**$280.15**	**$317.60**	**$509.25**	**$169.15**	**$189.95**	**$240.35**	**$327.35**	**$401.65**	**$429.25**	**$782.50**

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**