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

ALASKA 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 SCRIPTS *(HOLOGRAM)* Single Scripts = 100 sheets per pad								***2-PART SCRIPTS** *(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
S/H	48.75	63.75	68.75	89.85	110.75	113.75	140.75	60.75	72.75	89.75	125.75	162.75	173.75	195.75
Total	**$227.75**	**$292.75**	**$351.75**	**$426.85**	**$505.75**	**$570.75**	**$933.75**	**$321.75**	**$423.75**	**$546.75**	**$682.75**	**$774.75**	**$860.75**	**$1337.75**

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**