

COMPUTER GENERATED RX (MICRO-PERF)

PLEASE TYPE OR PRINT

Failure to fill out form completely & legibly may result in delays and/or extra expense of rerun.

Prescriber Name: _____

Practice Name or Specialty: (OPTIONAL) _____

Street Address _____

City / State / Zip Code _____

DEA#: (OPTIONAL) _____ License#: _____

PHONE #:(_____) _____

BLANK LINE ONLY

IMPRINT NPI.#

FAX MY PROOF TO:

Alternate Site: YES NO **ADD 50% TO YOUR TOTAL BILL.**

The information will be printed on the REVERSE SIDE.

Street Address: _____

City / State / Zip: _____

Telephone #: _____ Fax #: _____

QTY. RX SHEETS	PRICE (with #s)
<input type="checkbox"/> 500 Sheets	\$157
<input type="checkbox"/> 1,000 Sheets	\$176
<input type="checkbox"/> 2,000 Sheets	\$320
<input type="checkbox"/> 3,000 Sheets	\$449
<input type="checkbox"/> 4,000 Sheets	\$574
<input type="checkbox"/> 5,000 Sheets	\$721
<input type="checkbox"/> 10,000 Sheets	\$1359
<input type="checkbox"/> 15,000 Sheets	\$1917
<input type="checkbox"/> 20,000 Sheets	\$2450

**Serial #'s
ARE NOW MANDATORY
per State of NJ
(These NEW prices
reflect additional cost
of numbering)**

BASE PRICE OF PADS \$ _____

EXTRA CHARGES:

Rush Service (3 DAY DELIVERY) **ADD 50% TO BASE PAD PRICE** \$ _____

More than 1 doctor (up to 3 will fit) **ADD \$15.00 per perscriber** \$ _____

NP/PA/CNM/Healthcare Fac./Grid..... **ADD \$15.00** \$ _____

2nd side ..(Alternate Site)..... **ADD 50% TO BASE PAD PRICE** \$ _____

Custom Imprint (drug or instructions)..... **ADD \$15 min. (call for exact pricing)** \$ _____

Shipping and Handling \$ **10.00**

SUB TOTAL OF ALL SERVICES \$ _____

ADD 7% Sales Tax (if exempt, you **must** supply tax exempt certificate) \$ _____

CANCELLATION POLICY: _____ **TOTAL AMOUNT DUE** \$ _____

Invoice created/proof sent: \$50.00 • If scripts printed: **ENTIRE COST OF INVOICE.**

ORDER & PAYMENT

I am on **Open Account.** Please Bill Me.

INFORMATON:

Please bill my Credit Card: Master Card Visa Discover

Name as it appears on card: _____ ExpirationDate: _____ CCV # _____

Account Number: _____ Signature: _____

Thank You. Please Return to: The New Print Shop, 23 Maple Street, Summit, NJ 07901
Phone: 609.392.0782 ☎ Fax: 609.392.7766