

# ORDER FORM FOR RX PADS

**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) \_\_\_\_\_ LIC.#: \_\_\_\_\_ NPI# \_\_\_\_\_

PHONE #:( \_\_\_\_\_ ) \_\_\_\_\_ FAX #: **SPACE NOT AVAILABLE due to NPI#**

**FAX PROOF TO:** \_\_\_\_\_

**#'s ARE MANDATORY per State of NJ**

Collobrating Dr. \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

DEA #: (OPTIONAL) \_\_\_\_\_ License # \_\_\_\_\_

**Alternate Site:**  YES  NO **Information prints on REVERSE SIDE. Attach information on separate**

Quantity Ordered	PLAIN PAPER-1 PART 100 Scripts/Pad	PRICE (with#'s)	Quantity Ordered	2 PART CARBONLESS 50 2-Part Scripts/Pad	PRICE
<input type="checkbox"/> 400	4 pads of 100 each	\$71.	<input type="checkbox"/> 400 sets	8 pads of 50 sets each	\$91.
<input type="checkbox"/> 800	8 pads of 100 each	\$85.	<input type="checkbox"/> 600 sets	12 pads of 50 sets each	\$108.
<input type="checkbox"/> 1200	12 pads of 100 each	\$100.	<input type="checkbox"/> 800 sets	16 pads of 50 sets each	\$120.
<input type="checkbox"/> 1600	16 pads of 100 each	\$115.	<input type="checkbox"/> 1000 sets	20 pads of 50 sets each	\$138.
<input type="checkbox"/> 2000	20 pads of 100 each	\$130.	<input type="checkbox"/> 1200 sets	24 pads of 50 sets each	\$156.
<input type="checkbox"/> 2400	24 pads of 100 each	\$141.	<input type="checkbox"/> 1400 sets	28 pads of 50 sets each	\$174.
<input type="checkbox"/> 2800	28 pads of 100 each	\$156.	<input type="checkbox"/> 1600 sets	32 pads of 50 sets each	\$192.
<input type="checkbox"/> 3200	32 pads of 100 each	\$171.	<input type="checkbox"/> 2000 sets	40 pads of 50 sets each	\$228.
<input type="checkbox"/> 3600	36 pads of 100 each	\$186.	<input type="checkbox"/> 3200 sets	64 pads of 50 sets each	\$307.
<input type="checkbox"/> 4000	40 pads of 100 each	\$201.	<input type="checkbox"/> 4000 sets	80 pads of 50 sets each	\$375.
<input type="checkbox"/> 5000	50 pads of 100 each	\$240.	<input type="checkbox"/> 5000 sets	100 pads of 50 sets each	\$407.
<input type="checkbox"/> 10000	100 pads of 100 each	\$395.	<input type="checkbox"/> 10000 sets	200 pads of 50 sets each	\$681.

**BASE PRICE OF PADS**

ADD (if applicable to your order) these 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 name** \$ \_\_\_\_\_

Nurse Practitioner/Physician Asst./Midwife/Health Care/Option 1,2or3 ... **ADD \$15.** \$ \_\_\_\_\_

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

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

Shipping and Handling ..... \$ **10.00**

Credit Card Charge (if card not physically available for swiping)..... \$ **5.00**

**SUB TOTAL ALL SERVICE** \$ \_\_\_\_\_

ADD 7% Sales Tax (if exempt, you MUST supply tax exempt certificate) ..... \$ \_\_\_\_\_

**CANCELLATION FEE \$50.00** **TOTAL DUE:...** \$ \_\_\_\_\_

**IF INVOICE WRITTEN & PROOF SENT. (NO EXCEPTIONS!!)**

**PAYMENT  
INFORMATON:**

Practice is on Open Account.

CHECK IS ENCLOSED WITH ORDER (avoid credit card \$5.00 surcharge)

Please bill Credit Card:  MASTER CARD  VISA  DISCOVER

Name on card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV Security # \_\_\_\_\_

Account Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Street/Town/State/Zip of Billing Address \_\_\_\_\_

**THANK YOU.** Please return to: THE NEW PRINT SHOP, 23 Maple Street, Summit, NJ 07901  
Phone: 609.392.0782 • Fax: 609.392.7766