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☐ Match sample exactly (imprint & format) layouts and wording to meet			scribers & locations.		de printed samples whenever needed. □ Exact Reorder □ Reorder With Changes Practice Name Physician, Degree Alternate Line/Specialty License DEA Address City, State ZIP			
CA prescribers please choos	se one of the following state cer							
All of preson	our shipments must obtain cription pads. Additional	signature proof of delivery	the address of record on either y Fill in this information if t R and VI shipments. For faster sh	he shipping a	ddress is differer	nt than what is	printed on your	
Billing			Retail Sub Total Ship \$0.01 - \$45.00 \$9.00 \$45.01 - \$90.00 \$14.0		Order Details			
Check Enclosed Check orders payable in U.S. dollars only. Please make checks out to RxPads.com. Card Number	Charge To My Crec Your order will be billed to ye Mastercard, American Expre	ur credit card when it is received. Visa,	\$90.01 - \$175.00 \$19.00 \$175.01 - \$250.00 \$28.00 \$250.01 - \$350.00 \$41.00 \$350.01 - \$700.00 \$75.00	0 0 0 0 Ground Rate s*	Quantity of Pads ew Orders roduction Time	Sales Tax (Will V *Actual Sales Tax Rate V	Vill Be Charged	Total Amount
Expiration Date (MM/YY)	CID Name As It Appea	rs On Card (Please Print)	UPS Expedited Delivery ** 5 pads shipped overnight for AM delivery anywhere in continental US: Additional \$35.00, plus standard	4 Day Pi	recognized time	At The Time of Processing Payment In-Plant Production Rush Charges		
Billing Address	City State ZIP		ground charge for remainder of order quantity.	Need your entire of	es not decrease production time your entire order faster JPS Ground? Call us at 800-307-7717		Shipping Charges	
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