

RxPads.com is a licensed security prescription pad printer in all states, except New York and New Jersey.

Order Contact

RxPads.com respects you and your patients' right to privacy. Customer information is never shared or sold to third parties. If you do not wish to receive special product offers and information from RxPads.com, please check here.

Practice Name/Location	Address	City/State/Zip
Office Phone	Office Fax	Contact
		E-Mail Address

Pad Imprint

Please type or print wording exactly as you wish it to appear. Use a separate sheet if necessary. Include printed samples whenever needed. We will typeset your pad according to the number of prescribers & locations.

- Use sample for imprint information only (not format)
- Use my practice B&W logo: No charge (email to info@rxpads.com)
- Match sample exactly (imprint & format) Please call for possible add'l charges.

Previous Order # _____

Standard Imprint Layout

Layout for illustration purposes only. Certain states require specific layouts and wording to meet Board of Pharmacy regulations. Your pad will always be adjusted to reflect your state's most current requirements.

- Exact Reorder
- Reorder With Changes

Practice Name Physician, Degree Alternate Line/Specialty License DEA Address City, State ZIP Telephone Fax

CA prescribers please choose one of the following state certified formats: Single Multi Script Institutional

Please List Any Changes:

Shipping

Due to the sensitive nature of our products, we ship only to the address of record on either your DEA license, or to the address actually printed on your pads. All of our shipments must obtain signature proof of delivery. **Fill in this information if the shipping address is different than what is printed on your prescription pads.** Additional charges apply for AK, HI, PR and VI shipments. For faster shipping methods and/or questions, please call 800.307.7717.

Delivery Location	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial/Business	Person Available To Receive Shipment	Telephone
PracticeName/Location	Address	City/State/Zip	

Billing

- Check Enclosed**
Check orders payable in U.S. dollars only. Please make checks out to RxPads.com.
- Charge To My Credit Card**
Your order will be billed to your credit card when it is received. Visa, Mastercard, American Express & Discover are accepted.

Card Number _____

Expiration Date (MM/YY) _____ CID _____ Name As It Appears On Card (Please Print) _____

Billing Address _____ City _____ State _____ ZIP _____

Cardholder Signature _____

Retail Sub Total	Shipping Cost
\$0.01 - \$45.00	\$6.95
\$45.01 - \$90.00	\$10.95
\$90.01 - \$175.00	\$15.95
\$175.01 - \$250.00	\$22.95
\$250.01 - \$350.00	\$35.95
\$350.01 - \$350.01-700.00	\$67.95
\$700.01 +	At Cost

In-Plant Production Rush Charges*
 5 Day In-Plant Additional \$25.00
 3 Day In-Plant Additional \$45.00
 2 Day In-Plant Additional \$65.00
 1 Day In-Plant Additional \$85.00

*Does not decrease UPS Shipping time. Order deadline is 10am EST.

UPS Expedited Delivery **
 5 pads shipped overnight for AM delivery anywhere in continental US: Additional \$25.00, plus standard ground charge for remainder of order quantity.

New Orders
5 Day Production Time

Reorders
3 Day Production Time

**Does not decrease production time
 Need your entire order faster than UPS Ground? Call us at 800-307-7717

Order Details

Quantity of Pads	Pad Style	# of Parts	Total Amount
	<input type="checkbox"/> Security <input type="checkbox"/> Standard	<input type="checkbox"/> 1-Part <input type="checkbox"/> 2-Part <input type="checkbox"/> 3-Part	
Merchandise Total			
ME residents only add 5% Sales Tax			
In-Plant Production Rush Charges			
Shipping Charges			
Expedited Delivery Charges			
Residential Delivery: Add \$2.05			
TOTAL			



RxPads Signature Confirmation Form

Florida

To: RxPads

Fax To: 800.893.0177

Email To: Info@RxPads.com

Phone: 800.307.7717

From:

RE:

Date:

Per Florida Requirements and Qualifications:

All prescription pad orders from the state of Florida must be accompanied by a signature, date and printed name of the authorized licensed medical prescriber.

Please note we cannot process your order until this is received by fax, email, or mail. Thank-you

Prescriber's Name (Printed) _____

Prescriber's Signature _____ **Date** _____