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Practice Name/Location		Address				City/State/Z	Zip			
Office Phone	Office Fax	x Cont		t	E	-Mail Addr	ress			
	int wording exactly as you our pad according to the nu				Include printed	d samples v	whenever needed	l.		
☐ Use sample for imprint information only	rai pad decoraing to the me	bei oi prese		•	Exact Re	order -	Previous Orde	r#		
(not format)		Forma	mat Size		Stand	Standard Imprint Layout				
☐ Use my practice B&W logo: No charge (email to info@rxpads.com)	□ 5 1/4 x 4 1/4	□ 4 1/4 x 5 1/4		□ 5 1/2 x 8 1/2		Layout for illustration purposes only. Certain			Practice Name Physician, Degree	
☐ Match sample exactly (imprint & format) Please call for possible add'l charges.	(horizontal) (small		format vertical) (large format veritcal)		meet Boar	d of Pharma	layouts and wording cy regulations. Your I to reflect your state	pad Licer	Alternate Line/Specialty License DEA Address City, State ZIP	
CA prescribers please choose one of the following	ng state certified formats:	Single	lulti Script			nt requireme		Telepho		
Prescriber Limit of 10 prescribers ar	nd/or locations per pad. C	heck boxes are	e added to presc	riber names to clearly	identify multiple	prescriber	S.			
Prescriber	AlternateLine/ Specialty	Degree(s)	License #	License # Display Options (Default is to print on pad	DPS #		NPI#	DEA #	DEA # Display Options (Default is to print on pad)	
				☐ Do Not Print					☐ Do Not Print	
				☐ Blank Line Onl	у				☐ Blank Line Only	
				☐ Do Not Print☐ Blank Line Only	,				☐ Do Not Print☐ Blank Line Only	
				□ Do Not Print					☐ Do Not Print	
				☐ Blank Line Only	/				☐ Blank Line Only	
				☐ Do Not Print☐ Blank Line Onl	,				Do Not Print	
					<u> </u>				☐ Blank Line Only	
☐ There are more than 4 prescribers on the Practice	nis prescription pad. I have	e attached an	additional order	form listing the other	prescribers.					
Practice Name Ad		Address	ess City		State	ZIP	Telephone Fa		x Pad Start #	
☐ There are more than 2 locations on this	prescription pad. I have a	attached an ac	lditional order fo	orm listing the other lo	cations.					
Shipping Due to the sensitive na	ature of our products, we s	hip only to the	e address of reco	ord on either your DEA	license, States lic	ense,or to	the address actua	ally printed on yo	ur pads.	
	nust obtain signature proo Additional charges apply f									
Delivery Location	raditional charges apply i	01711911171111	ina vi sinpineries	. For fusici shipping h	ictious una, or c	lacations b	rease can ooo.so?	.,,,,,		
□ Commercial/Business	Receive Shipment Telephone					е				
PracticeName/Location	Address						City/State/Zip			
	710000		Retail Sub Total	Shipping Cost						
Billing Charles England	To My Credit Card		\$0.01 - \$45.00 \$45.01 - \$90.00	\$9.00 \$14.00	Ord	ler De	tails Secu	re 5 Pad min. No	n Secure 10 Pad Min	
Check orders payable in U.S. Your order v	vill be billed to your credit card when it is a American Express & Discover are accept		\$90.01 - \$175.00 \$175.01 - \$250.00	\$19.00 \$28.00	Quanti	ty of Pads	Pad Style	# of Parts	Total Amount	
checks out to RxPads.com.	American Express a biscover are accept		\$250.01 - \$350.00 \$350.01 - \$700.00 \$700.01 +	\$41.00 \$75.00 UPS Ground Rate	•		☐ Security ☐ Non Secure	☐ 1-Part ☐ 2-Part		
Card Number Expiration Date (MM/YY) CID Name As It Appears On Card (Please Print)			In-Plant Production 3 Day In-Plant Addit			Mer	☐ 3-Part chandise Total			
			2 Day In-Plant Additional \$65.00 1 Day In-Plant Additional \$85.00			New Orders Sales Tax (Will Vary Pe				
					•	AtTh		*Actual Sales Tax Rate Will Be Charged At The Time of Processing Payment Promo Code		
Dillion Address		- - U			Reorders 4 Day Production Time		In-Plant Production			
Billing Address C	city State	ZIP 5 pads shipped of anywhere in control		ntal US:	la ama a a consider de	45	Rush Charges			
			Additional \$35.00, pluground charge for re-	mainder of Need your en	lecrease production tire order faster than U			hipping Charges		
Cardholder Signature	I	order quantity.	-307-7717		Expedited Delivery Charges TOTAL					
								IUTAL		