

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

|                          |
|--------------------------|
| <b>Practice Name</b>     |
| 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 (25+ prescribers min.)

**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  Residential  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 \_\_\_\_\_

|                         |                      |
|-------------------------|----------------------|
| <b>Retail Sub Total</b> | <b>Shipping Cost</b> |
| \$0.01 - \$45.00        | \$7.50               |
| \$45.01 - \$90.00       | \$11.50              |
| \$90.01 - \$175.00      | \$16.50              |
| \$175.01 - \$250.00     | \$24.50              |
| \$250.01 - \$350.00     | \$37.50              |
| \$350.01 - \$700.00     | \$69.50              |
| \$700.01 +              | UPS Ground Rate      |

**In-Plant Production Rush Charges\***  
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 \$30.00, plus standard ground charge for remainder of order quantity.

**New Orders**  
5 Day Production Time

**Reorders**  
4 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<br><input type="checkbox"/> Standard | <input type="checkbox"/> 1-Part<br><input type="checkbox"/> 2-Part<br><input type="checkbox"/> 3-Part |              |
| <b>Merchandise Total</b>                |  |   |              |
| 5.5% Sales Tax (ME Residents Only)      |  |   |              |
| <b>In-Plant Production Rush Charges</b> |  |   |              |
| <b>Shipping Charges</b>                 |  |   |              |
| <b>Expedited Delivery Charges</b>       |  |   |              |
| <b>TOTAL</b>                            |  |   |              |