



Fax to 866-869-3971 Questions? Call 866-741-8488

"SHIP TO" NAME & ADDRESS		CUSTOMER CONTACT NAME:
		CUSTOMER TELEPHONE NUMBER:
		CUSTOMER E-MAIL ADDRESS:

MASTERCARD	VISA	➔	Credit Card Number	Expiration Date
AMERICAN EXPRESS				
Address verification system for credit. <i>When paying by credit card, please put the address where this credit card statement is sent. Incorrect information will delay your order.</i>		CARDHOLDER'S NAME: <i>Required (Please print)</i>		
		ADDRESS: <i>City/State/Zip</i>		
CARDHOLDER'S SIGNATURE:		CARDHOLDER'S TITLE:		DATE:

 All purchases are subject to the terms and conditions contained on Standard Register's Web site at www.SecureScrip.com.

ORIENTATION:		COLOR SELECTION: <input type="checkbox"/> Blue (BL) <input type="checkbox"/> Green (GR)		SPECIFY 2 DIGIT STATE ABBREVIATION:											
 															
		CONSECUTIVE NUMBERS: <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH		Start Number:											
1 PLY Rx Pads (100 PRESCRIPTIONS per pad)							2 PLY Rx Pads (50 PRESCRIPTION SETS per pad)								
NUMBER OF PADS <small>choose one</small>	MEMBER PRICE PER PAD <small>SHIPPING NOT INCLUDED</small>	MEMBER NET PRICE <small>SHIPPING NOT INCLUDED</small>	NON-MEMBER PRICE PER PAD <small>SHIPPING NOT INCLUDED</small>	NON-MEMBER NET PRICE <small>SHIPPING NOT INCLUDED</small>	CONSEC. NUMBER PRICE	SHIPPING (choose one)		NUMBER OF PADS <small>choose one</small>	MEMBER PRICE PER PAD <small>SHIPPING NOT INCLUDED</small>	MEMBER NET PRICE <small>SHIPPING NOT INCLUDED</small>	NON-MEMBER PRICE PER PAD <small>SHIPPING NOT INCLUDED</small>	NON-MEMBER NET PRICE <small>SHIPPING NOT INCLUDED</small>	CONSEC. NUMBER PRICE	SHIPPING (choose one)	
						GROUND	EXPEDITE <small>Next Day Air</small>							GROUND	EXPEDITE <small>Next Day Air</small>
8	\$3.82	\$30.56	\$5.99	\$47.92	\$7.60	\$8.99	\$28.07	8	\$6.49	\$51.92	\$8.66	\$69.28	\$7.60	\$8.99	\$28.07
24	\$3.22	\$77.28	\$5.39	\$129.36	\$22.80	\$8.99	\$28.07	24	\$5.99	\$143.76	\$8.16	\$195.84	\$22.80	\$8.99	\$41.13
48	\$2.88	\$138.24	\$5.05	\$242.40	\$45.60	\$9.70	\$50.90	48	\$5.39	\$258.72	\$7.56	\$362.88	\$45.60	\$14.52	\$76.20
96	\$2.40	\$230.40	\$4.57	\$438.72	\$91.20	\$17.55	\$92.13	96	\$5.29	\$507.84	\$7.46	\$716.16	\$91.20	\$28.65	\$150.39

NOTE: When you choose to EXPEDITE shipping, your order will also be expedited through manufacturing at an additional \$25.00 charge per order.

 Check here if you were referred by your state's medical association

ORDER SUMMARY - Please complete the following order summary				
Quantity:	Price per Pad:	Consecutive Numbering Price:	Shipping Cost:	Total Excluding Tax:

FOR OFFICE USE ONLY																			
REP. NUMBER:	"SHIP TO" NUMBER ➔											"SOLD TO" NUMBER ➔	1	2	0	9	2	8	7

CUSTOMER
 CONTACT NAME:

NOTE: you can print up to four (4) complete addresses and five (5) practitioners on a pad, or a lesser number of addresses and up to eight (8) practitioners on a pad for a total of nine (9) complete lines. The practice name is not included in this total.

**REQUIRED FIELDS: Practitioner Name, License Number, City, State and Zip.

ScripPlus®

 ▼ *Order & Imprint Information* ▼

PRACTICE NAME (40 characters)			
PRACTITIONER INFORMATION - CHOOSE UP TO EIGHT (SEE NOTE ABOVE)			
1	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
2	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
3	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
4	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
5	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
6	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
7	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
8	PRACTITIONER NAME		
	LICENSE NUMBER <small>✓ here to print:</small>	NPI NUMBER <small>✓ here to print:</small>	DEA NUMBER <small>✓ here to print:</small>
ADDRESS INFORMATION - CHOOSE UP TO FOUR (SEE NOTE ABOVE)			
1	ADDRESS LINE 1		
	ADDRESS LINE 2		
	CITY	STATE	ZIP
	PHONE NUMBER	FAX NUMBER	
2	ADDRESS LINE 1		
	ADDRESS LINE 2		
	CITY	STATE	ZIP
	PHONE NUMBER	FAX NUMBER	
3	ADDRESS LINE 1		
	ADDRESS LINE 2		
	CITY	STATE	ZIP
	PHONE NUMBER	FAX NUMBER	
4	ADDRESS LINE 1		
	ADDRESS LINE 2		
	CITY	STATE	ZIP
	PHONE NUMBER	FAX NUMBER	