

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 AMERICAN EXPRESS	Credit Card Number Expiration Date
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"/> <i>Blue (BL)</i> <input type="checkbox"/> <i>Green (GR)</i>	SPECIFY 2 DIGIT STATE ABBREVIATION:													
	CONSECUTIVE NUMBERS: <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH Start Number:														
<i>1 PLY Rx Pads (100 PRESCRIPTIONS per pad)</i>						<i>2 PLY Rx Pads (50 PRESCRIPTION SETS per pad)</i>									
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	\$5.79	\$138.96	\$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: 3017	"SHIP TO" NUMBER ➔									"SOLD TO" NUMBER ➔	1	2	0	9	2	8	7
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**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 <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
2	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
3	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
4	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
5	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
6	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
7	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>
8	PRACTITIONER NAME		
	LICENSE NUMBER <i>✓ here to print:</i>	NPI NUMBER <i>✓ here to print:</i>	DEA NUMBER <i>✓ here to print:</i>

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	