


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

<b>"SHIP TO" NAME &amp; ADDRESS</b>	<b>CUSTOMER CONTACT NAME:</b>
	<b>CUSTOMER TELEPHONE NUMBER:</b>
	<b>CUSTOMER E-MAIL ADDRESS:</b>

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

All purchases are subject to the terms and conditions contained on Standard Register's Web site at [www.SecureScrip.com](http://www.SecureScrip.com).

<b>ORIENTATION:</b> 	<b>COLOR SELECTION:</b> <input type="checkbox"/> Blue (BL) <input type="checkbox"/> Green (GR)	<b>SPECIFY 2 DIGIT STATE ABBREVIATION:</b>													
	<b>CONSECUTIVE NUMBERS:</b> <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH <b>Start Number:</b>														
<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 Next Day Air							GROUND	EXPEDITE Next Day Air
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				
<b>Quantity:</b>	<b>Price per Pad:</b>	<b>Consecutive Numbering Price:</b>	<b>Shipping Cost:</b>	<b>Total Excluding Tax:</b>

**FOR OFFICE USE ONLY**

<b>REP. NUMBER:</b> 5276	<b>"SHIP TO" NUMBER</b> →									<b>"SOLD TO" NUMBER</b> →	1	2	2	9	9	9	3
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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 <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		