

Fax to 866-869-3971

PAGE ONE

Questions? Call 866-429-1246 or Email CustomerService20@taylorcommunications.com

"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. When paying by credit card, please put the address where this credit card statement is sent. Incorrect information will delay your order.		CARDHOLDER'S NAME: <i>Required (Please print)</i>	
		ADDRESS: <i>City/State/Zip</i>	
CARDHOLDER'S SIGNATURE:		CARDHOLDER'S TITLE:	DATE:

ORIENTATION: HORIZONTAL
5.5"x4.25"

COLOR SELECTION: *Green (GR)*

1 PLY Rx Pads (100 PRESCRIPTIONS 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>	SHIPPING (choose one)	
					GROUND	EXPEDITE Next Day Air
8	\$3.82	\$30.56	\$5.99	\$47.92	\$8.99	\$28.07
24	\$3.22	\$77.28	\$5.39	\$129.36	\$8.99	\$28.07
48	\$2.88	\$138.24	\$5.05	\$242.40	\$9.70	\$50.90
96	\$2.40	\$230.40	\$4.57	\$438.72	\$17.55	\$92.13

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

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:	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	