

Fax to 866-869-3971

PAGE ONE

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

<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>											
<b>1 PLY Rx Pads (100 PRESCRIPTIONS per pad)</b> <b>2 PLY Rx Pads (50 PRESCRIPTION SETS per pad)</b>															
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				
<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>	<b>"SHIP TO" NUMBER</b> ➔									<b>"SOLD TO" NUMBER</b> ➔	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	