



Fax to 866-869-3971

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: Required (Please print) |
| | ADDRESS: City/State/Zip |
| 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: | | | | | | | | | | | | | | |
| <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 | \$5.79 | \$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 |
|-----------------------------|---------------------------|--|--|--|--|--|--|--|--|---------------------------|---|---|---|---|---|---|---|



**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 ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 2 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 3 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 4 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 5 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 6 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 7 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |
| 8 | PRACTITIONER NAME | | |
| | LICENSE NUMBER ✓ here to print: | NPI NUMBER ✓ here to print: | DEA NUMBER ✓ here to print: |

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 | |