



Fax to 866-869-3971

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

"SHIP TO" NAME & ADDRESS		CUSTOMER CONTACT NAME: <input type="text"/>
		CUSTOMER TELEPHONE NUMBER: <input type="text"/>
		CUSTOMER E-MAIL ADDRESS: <input type="text"/>

<input type="radio"/> MASTERCARD <input type="radio"/> VISA <input type="radio"/> 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: <input type="text"/> <i>Required (Please print)</i>	
		ADDRESS: <input type="text"/> <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: <input type="checkbox"/> HORIZONTAL 5.5"x4.25" <input type="checkbox"/> VERTICAL 4.25"x5.5"		COLOR SELECTION: <input type="checkbox"/> Blue (BL) <input type="checkbox"/> Green (GR)		SPECIFY 2 DIGIT STATE ABBREVIATION: <input type="text"/> T <input type="text"/> N											
		CONSECUTIVE NUMBERS: <input type="checkbox"/> WITHOUT <input type="checkbox"/> WITH		Start Number: <input type="text"/>											
<input type="radio"/> 1 PLY Rx Pads (100 PRESCRIPTIONS per pad)						<input type="radio"/> 2 PLY Rx Pads (50 PRESCRIPTION SETS 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>	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
<input type="checkbox"/> 8	\$3.82	\$30.56	\$5.99	\$47.92	\$7.60	<input type="radio"/> \$8.99	<input type="radio"/> \$28.07	<input type="checkbox"/> 8	\$6.49	\$51.92	\$8.66	\$69.28	\$7.60	<input type="radio"/> \$8.99	<input type="radio"/> \$28.07
<input type="checkbox"/> 24	\$3.22	\$77.28	\$5.79	\$138.96	\$22.80	<input type="radio"/> \$8.99	<input type="radio"/> \$28.07	<input type="checkbox"/> 24	\$5.99	\$143.76	\$8.16	\$195.84	\$22.80	<input type="radio"/> \$8.99	<input type="radio"/> \$41.13
<input type="checkbox"/> 48	\$2.88	\$138.24	\$5.05	\$242.40	\$45.60	<input type="radio"/> \$9.70	<input type="radio"/> \$50.90	<input type="checkbox"/> 48	\$5.39	\$258.72	\$7.56	\$362.88	\$45.60	<input type="radio"/> \$14.52	<input type="radio"/> \$76.20
<input type="checkbox"/> 96	\$2.40	\$230.40	\$4.57	\$438.72	\$91.20	<input type="radio"/> \$17.55	<input type="radio"/> \$92.13	<input type="checkbox"/> 96	\$5.29	\$507.84	\$7.46	\$716.16	\$91.20	<input type="radio"/> \$28.65	<input type="radio"/> \$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:	<input type="text"/>	Price per Pad:	<input type="text" value="\$0.00"/>	Consecutive Numbering Price:	<input type="text" value="\$0.00"/>	Shipping Cost:	<input type="text" value="\$0.00"/>	Total Excluding Tax:	<input type="text" value="\$0.00"/>

FOR OFFICE USE ONLY

REP. NUMBER: 3209	"SHIP TO" NUMBER ➔	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	"SOLD TO" NUMBER ➔	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="9"/>	<input type="text" value="2"/>	<input type="text" value="8"/>	<input type="text" value="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	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	PRACTITIONER NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LICENSE NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	NPI NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>
	DEA NUMBER ✓ here to print: <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS INFORMATION - CHOOSE UP TO FOUR (SEE NOTE ABOVE)

1	ADDRESS LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	<input type="text"/>	STATE	<input type="text"/>
	PHONE NUMBER	<input type="text"/>	FAX NUMBER	<input type="text"/>
2	ADDRESS LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	<input type="text"/>	STATE	<input type="text"/>
	PHONE NUMBER	<input type="text"/>	FAX NUMBER	<input type="text"/>
3	ADDRESS LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	<input type="text"/>	STATE	<input type="text"/>
	PHONE NUMBER	<input type="text"/>	FAX NUMBER	<input type="text"/>
4	ADDRESS LINE 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS LINE 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CITY	<input type="text"/>	STATE	<input type="text"/>
	PHONE NUMBER	<input type="text"/>	FAX NUMBER	<input type="text"/>