

ORDER FORM

40

120

of Pads: 8 12 20

Size: ☐ Long 5 1/2" x 8 1/2" ☐ Short 4 1/4"x 5 1/2" # of Prescriptions Per Sheet: 1 1 3 Medical Firm Or Clinic Name _____ Payment Information: Primary Contact Credit Card Street Address Check City ______ State _____ Zipcode _____ Phone: ______ Fax:______ Email: _____ Practitioner's Name Or Names CA License Number DEA# Please Note: * LEGIBLE COPIES OF ALL PRACTITIONER'S CALIFORNIA STATE LICENSE & DEA CERTIFICATES ARE REQUIRED BY LAW (NO EXCEPTIONS). THE COPIES MUST HAVE A CURRENT DATE. IF NOT PROVIDED, A \$10 PER DOCTOR SURCHARGE WILL BE ADDED TO YOUR INVOICE. WE ACCEPT CREDIT CARD FOR PAYMENT. **Credit Card Payment Authorization Form** Sign and complete this form to authorize PackWrap Business Center to charge your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on this invoice on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. Phone# _____ Billing Address City, State, Zip______ Email _____ Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover Cardholder Name ______ Account Number _____ Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____ SIGNATURE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

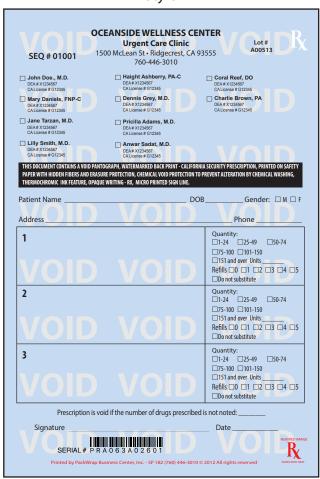


Style A - 1 Part Prescription Pads 5 1/2" x 8 1/2"

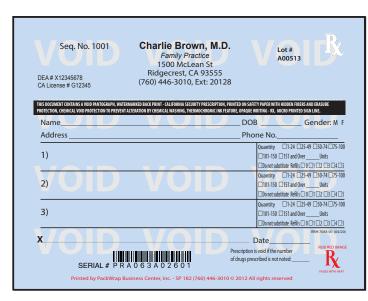
No. Pads	Script/ Pad	Total Scripts	Price Per Pad	Retail Total
8	50	400	\$21.00	\$168.00
12	50	600	\$20.75	\$261.00
20	50	1000	\$20.50	\$410.00
40	50	2000	\$19.50	\$780.00
80	50	4000	\$18.50	\$1480.00
120	50	6000	\$17.50	\$2100.00

Prescription Form Styles

Style A



Style B



Style B - 1 Part Prescription Pads 4 1/4" x 5 1/2"

No. Pads	Script/ Pad	Total Scripts	Price Per Pad	Retail Total
8	50	400	\$16.50	\$132.00
12	50	600	\$16.25	\$195.00
20	50	1000	\$15.50	\$290.00
40	50	2000	\$14.50	\$580.00
80	50	4000	\$14.00	\$1120.00
120	50	6000	\$13.50	\$1620.00