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CONTACT

 Name: _____ Phone: _____ Date: _____
 Email: _____ Fax: _____ Proof: Email Fax

BILLING

Method of Payment: Visa/MC AmEx Discover Check (Make Payable to Minuteman Press)
 Credit Card Number: _____ Exp: ____ / ____ CVV2: ____
 Billing Address: _____

IMPRINT INFO

*****Please include a DEA Certificate copy for each prescriber along with this order form*****

Practice Name: _____
Practitioner Name: _____ **Professional Designation:** _____
License Number: _____ **DEA Number:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____
Additional Prescribers: (optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.) _____
Practitioner Name: _____ **Professional Designation:** _____
License Number: _____ **DEA Number:** _____
Practitioner Name: _____ **Professional Designation:** _____
License Number: _____ **DEA Number:** _____
Practitioner Name: _____ **Professional Designation:** _____
License Number: _____ **DEA Number:** _____
Additional Locations: (optional) _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

OPTIONS & PRICING

Pad Qty: 10 (minimum order) 20 40 60
Sheet Size: Regular (4.25" x 5.5") Large (5" x 7")
Form Type: 1 Part Forms (Single Sheets) 2 Part Forms (With Carbon Duplicate)
Prescription Type: 1 prescription per form Multiple prescriptions per form

Regular Pads (4.25" x 5.5") Up to 4 Prescribers

Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$16.00	500	\$18.00
20	2000	\$14.00	1000	\$16.00
40	4000	\$12.00	2000	\$14.00
60	6000	\$11.00	3000	\$13.00

Large Pads (5" x 7") Up to 8 Prescribers

Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$20.00	500	\$23.00
20	2000	\$18.00	1000	\$20.00
40	4000	\$16.00	2000	\$18.00
60	6000	\$14.00	3000	\$16.00

ALL PRICES ARE PER PAD - 10 PAD MINIMUM ORDER - SHIPPING AND SALES TAX NOT INCLUDED