

569 Clyde Avenue, Suite 520 • Mountain View, CA 94043 • (650) 965-3600 • Fax (650) 965-0957 • mv@minutemanpress.com • www.mv.minutemanpress.com

**CONTACT**

 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_ Proof:  Email  Fax

**BILLING**

 Method of Payment:  Visa/MC  AmEx  Discover  
 Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_ CV2: \_\_\_\_  
 Billing Address: \_\_\_\_\_

**IMPRINT INFO**

**\*\*\*Please include a DEA Certificate & CA Medical License 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") (Max 4 Names)  Large (5" x 7")  
 Form Type:  1 Part Forms (Single Sheets)  2 Part Forms (With Carbon Duplicate)  
 Prescriptions:  Single Prescription per sheet  Multiple Prescriptions per sheet

Regular Pads (4.25" x 5.5") Up to 4 Prescribers					Large Pads (5" x 7") Up to 8 Prescribers				
Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)		Pad Qty.	1 Part (single sheets)		2 Part (with carbon copy)	
	# Rx/Order	Pad Price	# Rx/Order	Pad Price		# Rx/Order	Pad Price	# Rx/Order	Pad Price
10	1000	\$16.00	500	\$18.00	10	1000	\$20.00	500	\$23.00
20	2000	\$14.00	1000	\$16.00	20	2000	\$18.00	1000	\$20.00
40	4000	\$12.00	2000	\$14.00	40	4000	\$16.00	2000	\$18.00
60	6000	\$11.00	3000	\$13.00	60	6000	\$14.00	3000	\$16.00

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

Email or Fax completed Order Form, DEA Certification &amp; CA Medical License to: mv@minutemanpress.com or Fax (650) 965-0957