

618 National Avenue • Mountain View, CA 94043 • (650) 965-3600 • Fax (650) 965-0957 • minuteman1039@sbcglobal.net • mv.minutemanpress.com

CONTACT	Name: _____ Phone: _____ Date: _____
	Email: _____ Fax: _____ Proof: <input type="checkbox"/> Email <input type="checkbox"/> Fax

BILLING	Method of Payment: <input type="checkbox"/> Visa/MC <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> 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: <i>(optional - maximum of 4 prescribers on regular size pad. Please call to add more than 4 prescribers.)</i> _____	
	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: <i>(optional)</i> _____		
Address: _____	City: _____ State: _____ Zip: _____	
Phone: _____	Fax: _____	

OPTIONS & PRICING	Pad Qty: <input type="checkbox"/> 10 (minimum order) <input type="checkbox"/> 20 <input type="checkbox"/> 40 <input type="checkbox"/> 60
	Sheet Size: <input type="checkbox"/> Regular (4.25" x 5.5") <input type="checkbox"/> Large (5" x 7")
	Form Type: <input type="checkbox"/> 1 Part Forms (Single Sheets) <input type="checkbox"/> 2 Part Forms (With Carbon Duplicate)
	Rx/Form: <input type="checkbox"/> One controlled prescription per form <input type="checkbox"/> Multiple prescriptions per form

Regular Pads (4.25" x 5.5") Up to 4 Prescribers					Large Pads (5" x 7") Up to 8 Prescribers						
		1 Part (single sheets)		2 Part (with carbon copy)				1 Part (single sheets)		2 Part (with carbon copy)	
Pad Qty.	# Rx/Order	Pad Price	# Rx/Order	Pad Price	Pad Qty.	# Rx/Order	Pad Price	# Rx/Order	Pad Price		
10	1000	\$15.00	500	\$17.00	10	1000	\$18.00	500	\$21.00		
20	2000	\$13.00	1000	\$15.00	20	2000	\$16.00	1000	\$18.00		
40	4000	\$11.00	2000	\$13.00	40	4000	\$14.00	2000	\$16.00		
60	6000	\$9.00	3000	\$11.00	60	6000	\$12.00	3000	\$14.00		

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