



OFFICE USE ONLY	



TOLL FREE
 Phone: 1-888-881-8318
 Fax: 1-888-881-8319

Have you ordered from us before? Y N

FiveStar Safety Paper
 Prescription Paper
 Order Form

PLEASE NOTE: THE INFORMATION THAT WE ARE REQUIRED TO PRINT IS LOCATED IN THE LOWER RIGHT HAND CORNER AND IS 1 1/4" TALL BY 4" WIDE. MAKE SURE THIS DOES NOT INTERFERE WITH YOUR PRINTOUT!

Date _____

PRICE LIST AND PAYMENT INFORMATION
(Prices are subject to change without notice)

_____ Packs @ \$23.63 per pack of 250 sheets (8.5 x 11) = \$_____ + Shipping (if paying by check please call for shipping charges.)

Style Prescription Pattern (GARXBL)

List Practitioner's Names & State License Numbers: (please print)

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

(If there are more than 6, please send a separate sheet.)

Company Name _____
(This Name will be printed on the back side of your order)

Please Note: This paper cannot be sold to California.

Ship To Address _____
(We cannot ship to a P.O. Box)

City, State, Zip _____

Phone Number (_____) _____ Fax Number (_____) _____

This order form can be Submitted, faxed or mailed to our secured location. It must include your credit card number for payment or it can be mailed along with a check for the proper amount to the address below.

Card Type   

Credit Card # _____ / _____ / _____ / _____ Expiration Date ____ / ____ / ____ CVV # _____
MM / YY

Credit Card Billing Address and Zip Code (Numbers Only)

Address Zip

E-Check #Routing # _____ Checking Account # _____

Check # _____

CONTACT INFORMATION:

Person Placing Order _____ Please Print _____ (_____) _____ (_____) _____
 Contact Phone Ext.

Fax Proof to (_____) _____

Email: _____
*Optional (This is for communications only, it will not appear on any form or entered into any database whatsoever!)

PLEASE CHECK YOUR ORDER CAREFULLY TO MAKE SURE THAT ALL INFORMATION IS CORRECT, ALL ITEMS ARE CHECKED AND/OR FILLED IN. INCOMPLETE ORDERS WILL RESULT IN DELAYS.

08-01-15

ORDER FORM PAGE 1 of 1