

CONTACT

Name: Phone: - -

Email*:

*Your email address will be used to aid us in processing orders from you and will not be shared.

BILLING

Method of Payment: Check Enclosed (make check payable to Triple i) Visa Master Card American Express

Credit Card Number: Exp: /

Name on Card:

Cardholder's Signature: Date:

IMPRINT INFORMATION

Practice Name:

1. Practitioner Name: Professional Designation:

License Number: here to print

NPI Number: here to print

DEA Number: here to print

1. Building:

Address Line 1:

Address Line 2:

City: State: Zip:

Email*: here to print Phone: - - Fax: - -

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Signature (Mandatory): Date:

To purchase separate pads for individual practice locations, please submit one order form for each location.

PRICING

1-PART

Pad Type	16 Pads	Pad Type	16 Pads
Medical Excuse Pads <i>50 sheets per pad</i>	<input type="radio"/> \$30.00	Memo Pads <i>50 sheets per pad</i>	<input type="radio"/> \$30.00
Ground Shipping Charge <i>Per Order</i>	\$6.75	Ground Shipping Charge <i>Per Order</i>	\$6.75

Contact Customer Service for expedited shipping prices.

CUSTOMIZATION

Name & Address Font

Please select one:

- Helvetica (John Q. Sample)
- Cochin Bold (John Q. Sample)
- Garamond Bold (John Q. Sample)
- Gill Sans (John Q. Sample)

Type of Logo

Please select one logo type:

- Standard logo**
 - A**
 - C**
- B**
- D**
- Customized logo**
 - Use my current logo on file
 - Use the new logo enclosed.
(For new logos please provide a clean unfolded original on white paper.)
 - No logo** I do not wish to have a logo on my prescription pads.

SHIPPING

Shipping Address (If different from Imprint 1):

Attn:

Building:

Address Line 1:

Address Line 2:

City: State: Zip: Phone: - -