



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**

\_\_\_\_\_ Packs @ \$20.50 per pack of 250 sheets (8.5 x 11) = \$\_\_\_\_\_ + Shipping (if paying by check please call for shipping charges.)

Style  Prescription Pattern (RXBL)

This order form can be faxed 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.

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CVV # \_\_\_\_\_  
 (3 Digits on Reverse Side of Card)

Card Type

Expiration Date \_\_\_\_ / \_\_\_\_  
 MM / YY

Credit Card Billing Address and Zip Code (**Numbers Only**)

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Address

--	--	--	--	--

Zip

Check # \_\_\_\_\_

Name of Person Placing Order \_\_\_\_\_

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

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- (If there are more than 6, please send a separate sheet.)

Company Name \_\_\_\_\_  
(This Name will be printed in the lower right hand corner of your order)

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

City, State, Zip \_\_\_\_\_ Please Note: This paper cannot be sold to California

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

How did you hear about us?  
 State Recommended  Internet  Referral  Other \_\_\_\_\_

11-03-11

