



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

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 # _____

Card Type

Expiration Date ____ / ____
 MM / YY

(3 Digits on Reverse Side of Card)

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

--	--	--	--	--	--

Address

--	--	--	--	--	--

Zip

Check # _____

Name of Person Placing Order _____

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

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 _____

09-13-10

ORDER FORM PAGE 1 of 1