

National Rx Security, Inc. ~ Celebrating 25 Years in Business

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N.J. PRESCRIPTION PAD ORDER FORM

For Healthcare Facility

NJ LAW NOW
REQUIRES A
SEQUENTIALLY
NUMBERED
BARCODE

**PLEASE NOTE THAT WE MUST SHIP PADS TO WHERE YOUR NJ LICENSE#
IS REGISTERED WITH THE STATE. (TO VERIFY CALL 1-800-510-1050)**

PLEASE PRINT CLEARLY AS YOU WOULD LIKE IT TO APPEAR ON THE SCRIPT

1 Name of Institution or Facility _____

2 Address _____

3 City _____ State _____ Zip _____

4 Tel. # (_____) _____ 5 Facility Provider # _____

6 Prescriber Name & Title _____ *(Prints only if requested)*

7 Coll. Physician (if applicable) _____ *(Prints only if requested)*

8 NPI# _____ 9 Sequentially Numbered Barcode *(Preprinted on scripts)*

****** Please CIRCLE IN INK the amount you want to order ******

Qty	SINGLE SHEET SCRIPTS							*2-PART SCRIPTS						
	Single scripts = 100 sheets per pad							*2-PART = 50 Original scripts and 50 blank copy sheets						
	800	1600	2400	3200	4000	4800	9,600	800	1600	2400	3200	4000	4800	9,600
	96.95	132.95	175.95	218.95	267.95	296.95	525.95	136.95	155.95	215.95	299.95	387.95	453.95	822.95
Tax	6.42	8.81	11.66	14.51	17.75	19.67	34.84	9.07	10.33	14.31	19.87	25.70	30.07	54.52
S/H	16.95	17.95	18.95	19.95	20.95	22.95	29.95	17.95	18.95	19.95	20.95	21.95	23.95	30.95
Total	120.32	159.71	206.56	253.41	306.65	339.57	590.74	163.97	185.23	250.21	340.77	435.60	507.97	908.42

Contact Name _____ **Phone#** _____

E-MAIL ADDRESS: _____

Contact information is for us to reach you with regard to your order and will not be printed on the scripts

DISC AMEX Security Code _____

M/C VISA Number _____ Expiry Date _____

*****Address verification system for credit. If you are paying by credit card, you MUST put the address where the credit card statement is sent when you receive your bill.**

Address _____ Zip _____

Print Cardholder's Name _____

Cardholder's Signature _____ Title _____ Date _____

SHIPPED WITHIN 4-5 DAYS FROM RECEIPT OF ORDER & PAYMENT

REV/01/26

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