




STEP 1 CHOOSE YOUR LAYOUT

1






Vertical Horizontal

STEP 2 CHOOSE AN IMAGE

2

None Customer Logo

STEP 3 NUMBERING

3

Does your job require numbering?

Yes No

#

IF Yes, starting number: _____

STEP 4 FILL IN THE INFORMATION FOR YOUR ORDER

4

Designation to appear on Rx pad

Doctor Institution

Nurse Practitioner

Please print all letters and numbers clearly.

Name: _____

Title: _____

Address _____

Phone: _____ Fax: _____

License #: _____

Email or Fax Form to:
rainbow1@nbnet.nb.ca
506-433-2894

STEP 5 PRICING (PADDED IN 50's - example 500 = 10 pads)

5

If your request is different from the following options please call for a custom quote.

\$

<input type="checkbox"/> 500 \$144	<input type="checkbox"/> 3500 \$218
<input type="checkbox"/> 1000 \$152	<input type="checkbox"/> 4000 \$227
<input type="checkbox"/> 1500 \$172	<input type="checkbox"/> 4500 \$245
<input type="checkbox"/> 2000 \$177	<input type="checkbox"/> 5000 \$252
<input type="checkbox"/> 2500 \$199	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> 3000 \$203	

Prices do not include Taxes or Design.

STEP 6 CONTACT FOR PROOFING

6

Name: _____

Email: _____

STEP 7 BILLING INFORMATION

7

Method of Payment

\$ Cash Visa MasterCard

Card# _____

Exp. _____ / _____ CIV: _____

Signature: _____

Shipping (shipping is extra and based on destination)

Deliver to: _____

Pick-up

REQUIRE ADDITIONAL PRINTING?

Please select the product and quantity you are looking for and we will contact you to provide you with a quote.

<input type="checkbox"/> Appointment Cards	<input type="checkbox"/> 250
<input type="checkbox"/> Envelopes	<input type="checkbox"/> 500
<input type="checkbox"/> Letterhead	<input type="checkbox"/> 1000
<input type="checkbox"/> Other	<input type="checkbox"/> Other _____