

Rx Prescription Pad Order Form

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1 - 8 7 7 - 3 8 0 - 7 4 6 2

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STEP	CHOOSE YOUR LAYOUT		ADS OF 50 (NL STOCK)	
1	□ Vertical □ Horizontal	please call for a	If your request is different from the following options please call for a custom quote.	
		\$ 5 00	\$162	
		□ 1000	\$179	
		── □ 1500	\$211	
		□ 2000	\$249	
STEP	CHOOSE AN IMAGE	□ 2500	\$292	
2	□ None □ Customer Logo			
		Prices <u>do not</u> include Taxes or Design.		
	\mathbf{R}			
			OR PROOFING	
		6 Name:		
STEP	NUMBERING			
3				
""	STEP BILLING INFOR		FORMATION	
Yes No		7		
	IF Yes, starting number:	Method of		
		\$ □ Cash	☐ Visa ☐ MasterCard	
		Card#		
STEP	FILL IN THE INFORMATION FOR YOUR ORDER			
4	Designation to appear on Rx pad			
A	□ Doctor □ Institution Signature:			
	☐ Nurse Practitioner	Shipping		
Please p	orint all letters and numbers clearly.	∟J Deliverto:		
Name:				
Title:		☐ Pick-up		
Address	5	REQUIRE AD	DDITIONAL PRINTING?	
		——————————————————————————————————————	product and quantity you are looking	
Phone:	Fax:		contact you to provide you with a quote.	
License	#:	☐ Appointment (Cards 🗖 250	
		□ Envelopes	□ 500	
Emaile	or Fax Form to:	☐ Letterhead	1 000	
	nbow1@nbnet.nb.ca	☐ Other	☐ Other	
	- 4 3 3 - 2 8 9 4			