FILERX.com ORDER FORM

Telephone 800.307.7717 | Fax 800.893.0177 | Internet www.filerx.com | Mail: 200 Riverside Industrial Parkway Portland, ME 04103

Practice Information

Filerx.com respects you and your patients right to privacy. Customer information is never shared nor sold to third parties. If you do not wish to receive special product offers and information from Filerx.com please check here ☐

Legal Practice Name | Have you ever ordered with us before? | Practice Specialty | No. of Doctors

Bill To

Party responsible for payment. Do not use for product imprint information. We cannot ship to a P.O. Box. If P.O. Box is shown, please fill in street address in "Ship To" area below.

PracticeName/Location | Address | City/State/Zip

Office Phone No. | Office Fax No. | E-Mail Address

For Questions Call | Direct Phone No.

Ship To

Fill in only if different from billing address. Street address only, no P.O. Boxes, please. If shipping street address is the same as the billing address, please check here ☐

PracticeName/Location | Address | City/State/Zip

Office Phone No. | Office Fax No. | E-Mail Address

Payment Method

First time orders must be accompanied by a check or credit card authorization. For immediate shipping charge estimates, contact customer service. Rush shipping is available upon request.

☐ Check Enclosed

Check orders payable in U.S. dollars only.

☐ Bill Me

New accounts are subject to credit approval. Prepayment by check or credit card, along with a completed credit application, rushes your order through our credit department and establishes credit for future orders. Invoiced orders are payable 30 days from date of invoice.

☐ Charge To My Credit Card

Your order will be billed to your credit card when it is received. Mastercard, Visa, American Express Discover cards are accepted.

Card Number

Month/Year Expires | Cardholder Name (Please Print)

Cardholder Signature

Order Details

Fill in only areas that apply to your order. Select options for each product as specified in our catalog or web site.

Quantity	Product No.	Description	Product Color	Year	Layout/Format	Ink Color(s)	Total Amount

Imprint Information

Please type or print wording exactly as you wish it to appear. Use a separate sheet if necessary. Include printed samples whenever possible. Please do not staple or tape samples to this form.

☐ Samples are included with this order ☐ Match sample exactly (imprint and format) ☐ Use sample for imprint information only (not format)

Imprint For Product Numbers

Line 1

Line 2

Line 3

Line 4

Line 5

Line 6

Merchandise Total	
ME residents only add 5% Sales Tax	
Shipping Charges	
Residential Delivery: Add $2.45	
TOTAL	

Thank You!

FileRx.com & RxPads.com