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. When order is shipped, we'll send an invoice for shipping and handling charges. Payable 30 days from date of invoice.

☐ **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 will include shipping and handling charges and 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. Shipping and handling charges will be added to your order or invoiced seperately. 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	Start No.	Layout/Format	Ink Color(s)	Type Style	Logo No.	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

Rx Blanks (Only complete the following if you want it printed on your forms)

DEA No.

License No.

Merchandise Total	
ME residents only add 5% Sales Tax	
TOTAL	

THANK YOU!

Our Guarantee To You

We guarantee the lowest price in the nation on all of our products!

If you find a better price on a comparable item, notify us by one of the following ways:

1) Send us the web address of the competitor by email at info@filerx.com.

2) Fax the competitor's advertisement, or previous invoice, with pricing to us at 800.893.0177

After Verification, we'll beat their advertised price by 5%.

It's that simple!

We guarantee your 100% Satisfaction!

Our no hassel guarantee means you'll get what you expected on every purchase.