

# FILERX.com ORDER FORM

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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
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**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 \$2.05	
<b>TOTAL</b>	

**Thank You!**

