



American Corporate Services
PHONE: 800/378-1191 512/868-5800 FAX: 512/868-0600
www.acscatalog.com

BILL TO: PLEASE USE THE ADDRESS OF WHERE YOUR CREDIT CARD STATEMENT IS MAILED. AN INCORRECT BILLING ADDRESS WILL DELAY YOUR ORDER.

Address: _____ City: _____ State: _____ Zip Code: _____

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

PAYMENT METHOD:

- ☐ **CHECK ENCLOSED**
Order will be processed only after receipt of check.
- ☐ **CHARGE MY CREDIT CARD**
Your order will be billed immediately. Shipping & Handling Charges will be added to your order, see our shipping chart. Master Card, Visa, American Express & Discover only.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Number

Expiration Date _____ Cardholder Name: _____

Signature: _____

PLEASE TYPE OR PRINT WORDING EXACTLY AS YOU WISH TO APPEAR ON RX PAD.

Practice Name: _____

Do you want this included on the Pad: Yes _____ No (please circle a choice) _____

Alternate Line: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Pad Starting # _____

PRESCRIBER INFORMATION.

Prescriber Name: _____ Degree: _____

License # _____ Do you want License# printed on pad: Yes _____ No (please circle a selection) _____

Would you like a blank line for your License # instead: Yes _____ No (please circle a selection) _____

DEA# _____ Do you want your DEA# printed on the pad: Yes _____ No (please circle a selection) _____

Would you like a blank line for DEA# instead: Yes _____ No (please circle a selection) _____

DPS# _____ NPI#: _____

(State of Texas Only)

*** Even if you decide not to print this information on the Rx Pad, we still need this information. We are required to confirm that License#, DEA# and DPS# are correct and belong to the Prescriber. Some states require for License #, DEA# and DPS to be printed on the Rx Pad. Please check with us if you have any questions. ***



American Corporate Services
PHONE: 800/378-1191 512/868-5800
FAX: 512/868-0600
www.acscatalog.com

SHIP TO: DUE TO THE SENSITVIE NATURE OF OUR PRODUCTS, WE SHIP ONLY TO THE ADDRESS PRINTED ON THE RX PAD, ADDRESS OF RECORD ON EITHER YOUR STATE LICENSE OR YOUR DEA LICENSE. WE CANNOT SHIP TO P.O. BOXES ONLY PHYSICAL LOCATIONS.

STREET ADDRESS: _____

PERSONS AVAILABLE TO RECEIVE SHIPMENT:

ORDER DETAILS: PLEASE CIRCLE / TYPE YOUR SELECTION

OF PADS _____ PAD STYLE: SECURE STANDARD 1- PART RX PAD 2-PART RX PAD

AMERICAN CORPORATE SERVICES
P.O. Box 5088
Georgetown, Texas
PHONE: 800/378-1191 512/868-5800
FAX: 512/868-0600