APTCO INC.
PRINTING · PROMOTIONAL

Order Date: ______________
Email: ______________
This is a REORDER: ☐ YES ☐ NO

New Jersey Prescription Order Form

Send Orders to: info@aptconj.com (only email orders will be accepted)

This is a writable pdf no handwritten forms will be accepted

Phone: 908-392-4664

INFORMATION TO BE PRINTED ON PRESCRIPTION BLANK:

Practice / Facility Name (optional) ______________ NPI# ______________

Prescriber Name with certification ______________ License# ______________

Address ______________ (Suite/Floor/Bldg) ______________ DEA# ______________

City, State Zip ______________ Cert# ______________

Phone# ______________ Fax# ______________ Email# ______________

Specialty ______________ Facility Provider# ______________

(MUST HAVE EACH TIME ORDER IS PLACED) →

PRESCRIBER SIGNATURE: ______________ ☐ ***I AM RESPONSIBLE FOR SHIPMENT***

Add additional doctors to be printed on the same prescription blank below (or one collaborating physician if ordering pads for Nurse Practitioner/Certified Nurse Midwife/Physician Assistant:) IMPORTANT: If more than one name is listed on the blank, ONE person is responsible for the shipment.

Prescriber Name with certification ______________

License# ______________ DEA# ______________

NPI# ______________ Cert# ______________

SIGNATURE ***REQUIRED BY LAW*** ______________

☐ ***I AM RESPONSIBLE FOR SHIPMENT***

Prescriber Name with certification ______________

License# ______________ DEA# ______________

NPI# ______________ Cert# ______________

SIGNATURE ***REQUIRED BY LAW*** ______________

☐ ***I AM RESPONSIBLE FOR SHIPMENT***

Prescriber Name with certification ______________

License# ______________ DEA# ______________

NPI# ______________ Cert# ______________

SIGNATURE ***REQUIRED BY LAW*** ______________

☐ ***I AM RESPONSIBLE FOR SHIPMENT***

Prescriber Name with certification ______________

License# ______________ DEA# ______________

NPI# ______________ Cert# ______________

SIGNATURE ***REQUIRED BY LAW*** ______________

☐ ***I AM RESPONSIBLE FOR SHIPMENT***

ORDERING INFORMATION:

☐ **MD** ☐ **DO** ☐ **DMD** ☐ **DDS** ☐ **DPM** ☐ **DVM** ☐ **VMD**

☐ **PAC** ☐ **APN** ☐ **CNM** ☐ **OD** ☐ **OTHER** ______________

Optometrists

☐ **Without eyewear box**
☐ **Print Contact Warning (applies only to without eyewear box)**
☐ **With eyewear box**

ADDITIONAL ADDRESSES FOR BACKER

Practice name if different: ______________

Address: ______________ (Suite/Floor/Bldg) ______________
City: ______________
Phone: ______________ **State:** ______________
Fax: ______________ **NJ Zip:** ______________

Practice name if different: ______________

Address: ______________ (Suite/Floor/Bldg) ______________
City: ______________
Phone: ______________ **State:** ______________
Fax: ______________ **NJ Zip:** ______________

Practice name if different: ______________

Address: ______________ (Suite/Floor/Bldg) ______________
City: ______________
Phone: ______________ **State:** ______________
Fax: ______________ **NJ Zip:** ______________

Practice name if different: ______________

Address: ______________ (Suite/Floor/Bldg) ______________
City: ______________
Phone: ______________ **State:** ______________
Fax: ______________ **NJ Zip:** ______________

Thank You For Your Order! Aptco Inc, 150 Maple Ave, Suite 165, South Plainfield, NJ 07080

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BILLING INFO

Practice / Facility Name (optional) _____

Prescriber Name with certification _____

Address _____ (Suite/Floor/Bldg) _____

City, State Zip _____

Phone# _____ Fax# _____ E-mail _____

QUANTITY AND BASE PRICING

One Part Plain Single Paper Pad (Single Sheet, 100 blanks per pad)

☐ 8 Pads $140 ☐ 20 Pads $198 ☐ 32 Pads $254
☐ 40 Pads $308 ☐ 48 Pads $370 ☐ 100 Pads $758

Two Part Carbon(less) (2 Sheets, Top/Yellow, 50 blanks per pad)

☐ 8 Pads $179.50 ☐ 20 Pads $228 ☐ 32 Pads $320
☐ 40 Pads $385 ☐ 48 Pads $608 ☐ 100 Pads $955

Perforated Laser Sheets for Printer (Regular – Printed Upper Left)

☐ 500 sheets $240 ☐ 1,000 sheets $291 ☐ 2,000 sheets $483 ☐ 3,000 sheets $640
☐ 4,000 sheets $790 ☐ 5,000 sheets $991 ☐ 10,000 sheets $1939

Perforated Laser Sheets for Printer ("U" – Printed Upper Middle)

☐ 500 sheets $298 ☐ 1,000 sheets $355 ☐ 2,000 sheets $548 ☐ 3,000 sheets $704
☐ 4,000 sheets $857 ☐ 5,000 sheets $1060 ☐ 10,000 sheets $1958

Normal Production Time
3-5 business days after proof approval

Rush Production Time
Within 3 business days after proof approval

Normal Production Time
5-7 business days after proof approval

Rush Production Time
Within 5 business days after proof approval

50% UPCHARGE FOR BACK ADDRESS PRINTING
applies to all pads and laser sheet orders
Rush Service is available for a fee (Does not include weekends)

SHIP TO: Address MUST be on file with the state of NJ

☐ Ship to the address above

Prescriber Name _____

Email (for Proof/Tracking) _____

Address _____ (Suite/Floor/Bldg) _____

City, State, ZIP _____

PAYMENT INFORMATION:

☐ Practice is an approved, billable account

PO# _____

Name on Card _____

Credit Card# _____ CCV# _____ Exp. Date _____

E-mail _____ Date _____

Address _____ (Suite/Floor/Bldg) _____

City _____ State _____ Zipcode _____

Signature _____

Thank You For Your Order! Aptco Inc, 150 Maple Ave, Suite 165, South Plainfield, NJ 07080