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 ____________ 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 ADDRESS FOR BACKER

Practice name if different: ____________
Address: ____________
City: ____________
Phone: ____________ **State:** ____________
Fax: ____________ **NJ Zip:** ____________

Practice name if different: ____________
Address: ____________
City: ____________
Phone: ____________ **State:** ____________
Fax: ____________ **NJ Zip:** ____________

Practice name if different: ____________
Address: ____________
City: ____________
Phone: ____________ **State:** ____________
Fax: ____________ **NJ Zip:** ____________

Practice name if different: ____________
Address: ____________
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 MUST BE FILLED OUT BEFORE ORDER IS PROCESSED

Aptco will be sending you an electronic invoice for payment.
You will be able to send payment via the link on the invoice.

Please provide us with the following information for accounts payable:

Name of A/P Person: _____

Phone Number: _____ Extension _____

Email for A/P: _____

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