



TARGET PRINTING

& GRAPHIC COMMUNICATIONS, INC.
9 EAST PASSAIC STREET • HACKENSACK • NEW JERSEY 07601
TEL: 201-883-0200 • FAX 201-883-0242

TEL: 201-883-0200
FAX: 201-883-0242
RX@TARGETPRINTING.COM

**NJPB ORDER FORM
HEALTHCARE FACILITY**

Practice/ Facility Name : _____

Specialty (optional) : _____

Facility NPI#: _____

Facility Provider #: _____

Practice Address (Include Suite or Floor) : _____

City : _____ State : New Jersey Zip Code : _____

Phone# : _____ Fax # : _____

Representative Signature (required by law): _____

LICENSING ADDRESS / SHIPPING INFORMATION

- If different than listed on the form, please supply the information below -

**As per New Jersey State law, all orders must be shipped to the licensing address on file with the State Board.*

Name : _____

Address : _____ State: NJ

Suite/Floor/Bldg#: _____ City : _____ Zip: _____

Cell# : _____ Attention of: _____

Email : _____

PLEASE NOTE: This order form is only required for initial orders. Subsequent reorders can be submitted by email to rx@targetprinting.com. When submitting reorders, please supply the order number that appears in the top right corner of your form.



TARGET PRINTING

& GRAPHIC COMMUNICATIONS, INC.
9 EAST PASSAIC STREET • HACKENSACK • NEW JERSEY 07601
TEL: 201-883-0200 • FAX 201-883-0242

TEL: 201-883-0200
FAX: 201-883-0242
RX@TARGETPRINTING.COM

CONTACT INFORMATION

* We must be able to contact you with questions about the order*

Your Name : _____

Cell or Direct Phone# : _____ Fax# : _____

Email Address : _____

I have examined all my entered data and deem it accurate and

- DO NOT NEED AN EMAILED PROOF
- WOULD LIKE AN EMAILED PROOF

Optional: Custom imprints may be printed on the front of each form.

If you require an custom imprint, please specify below, or attach a PDF. Proof will be sent.

Imprint : _____

PLEASE NOTE: This order form is only required for initial orders. Subsequent reorders can be submitted by email to rx@targetprinting.com. When submitting reorders, please supply the order number that appears in the top right corner of your form.



TARGET PRINTING

& GRAPHIC COMMUNICATIONS, INC.
9 EAST PASSAIC STREET • HACKENSACK • NEW JERSEY 07601
TEL: 201-883-0200 • FAX 201-883-0242

TEL: 201-883-0200
FAX: 201-883-0242
RX@TARGETPRINTING.COM

CREDIT CARD AUTHORIZATION FORM

MasterCard _____ Visa _____ American Express _____ Discover _____
Card Number : _____ Exp. Date : _____ / _____
CVV Code : _____

I hereby authorize Target Printing and Graphic Communications, Inc., to charge my credit card for the prescription blank order placed. I have read this agreement and understand that I am fully responsible for all charges as long as I have received the products and services agreed upon. I understand that the final price will be disclosed by Target Printing before the payment is processed.

Signature: _____
Cardholder : _____
Billing Address : _____
City : _____ State: _____ Zip Code : _____
Telephone# : _____ Today's Date : _____ / _____ / _____

IMPORTANT INFORMATION

- Please make sure this form is attached to your order.
- PLEASE DOWNLOAD AND COMPLETE THIS FORM ON YOUR COMPUTER. SEND IT BACK TO US VIA EMAIL.
- FAXED FORMS WILL DELAY PROCESSING TIME.
- Target Printing will contact you with any questions regarding your order.
- Any new or altered orders will be sent a proof and final pricing, *if requested*, before the order is processed.
- You are responsible for the accuracy of all information entered on this form.
- Target Printing reserves the right to adjust placement and style of type to be in accordance with State regulations.

Email your completed form to:
rx@targetprinting.com

PLEASE NOTE: This order form is only required for initial orders. Subsequent reorders can be submitted by email to rx@targetprinting.com. When submitting reorders, please supply the order number that appears in the top right corner of your form.



TARGET PRINTING

& GRAPHIC COMMUNICATIONS, INC.
9 EAST PASSAIC STREET • HACKENSACK • NEW JERSEY 07601
TEL: 201-883-0200 • FAX 201-883-0242

TEL: 201-883-0200
FAX: 201-883-0242
RX@TARGETPRINTING.COM

Standard Forms • Pads of 100

Quantity	Standard	S & H	Tax	TOTAL
500	\$61.95	\$9.99	\$5.04	\$76.98
1000	\$79.95	\$9.99	\$6.30	\$96.24
2000	\$115.95	\$9.99	\$8.82	\$134.76
4000	\$199.95	\$9.99	\$14.70	\$224.64
5000	\$219.95	\$9.99	\$16.10	\$246.04
8000	\$329.95	FREE	\$23.10	\$353.05
10,000	\$389.95	FREE	\$27.30	\$417.25

2 Part NCR Forms • Pads of 50

Quantity	Standard	S & H	Tax	TOTAL
500	\$129.95	\$9.99	\$9.79	\$149.73
1000	\$189.95	\$9.99	\$13.99	\$213.93
2000	\$259.95	FREE	\$18.20	\$278.15
4000	\$419.95	FREE	\$29.40	\$449.35
5000	\$499.95	FREE	\$35.00	\$534.95
8000	\$679.95	FREE	\$47.60	\$727.55
10,000	\$799.95	FREE	\$56.00	\$855.95

Laser Forms w/ Micro Perf • Loose Sheets

Quantity	Standard	S & H	Tax	TOTAL
250	\$79.95	\$9.99	\$6.29	\$96.23
500	\$149.95	\$9.99	\$11.19	\$171.13
1000	\$259.95	FREE	\$18.20	\$278.15
2000	\$379.90	FREE	\$26.59	\$406.49
4000	\$639.80	FREE	\$44.79	\$684.59
5000	\$699.75	FREE	\$48.98	\$748.73
10,000	\$989.50	FREE	\$69.26	\$1058.76

PLEASE SELECT:

TYPE OF FORM

- 1 part Standard Form
- 2 part NCR Form
- Laser Form w/ Micro Perf.

QUANTITY

- 250 (Laser Only)
- 500
- 1000
- 2000
- 4000
- 5000
- 8000
- 10,000