



# TARGET PRINTING

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

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

## NJPB ORDER FORM PHYSICIAN ASSISTANT

Practice Name (optional): \_\_\_\_\_

Prescriber Name w/ Credentials (MD,DO FAAP,etc): \_\_\_\_\_

Prescriber Specialty (optional) : \_\_\_\_\_

NPI#: \_\_\_\_\_ LIC#: \_\_\_\_\_

DEA# (optional but recommended): \_\_\_\_\_

Prescriber Signature (required by law): \_\_\_\_\_

### Supervising Physician (Required)

Name : \_\_\_\_\_ Credentials: \_\_\_\_\_

License # (required) : \_\_\_\_\_

Practice Address (Include Suite and Floor) : \_\_\_\_\_

City : \_\_\_\_\_ State : New Jersey Zip Code : \_\_\_\_\_

Phone# : \_\_\_\_\_ Fax # : \_\_\_\_\_

### 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.**



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## 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:** Multiple addresses may be printed on the back of the prescription blanks at an additional cost. Up to 8 addresses can be listed on the back.  
Please attach additional sheets if necessary.

1. Address: \_\_\_\_\_ State: NJ  
Suite/Floor/Bldg#: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone# : \_\_\_\_\_ Fax# : \_\_\_\_\_

2. Address: \_\_\_\_\_ State: NJ  
Suite/Floor/Bldg#: \_\_\_\_\_ City : \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone# : \_\_\_\_\_ Fax# : \_\_\_\_\_

**Optional:** Custom imprints may be printed on the front of each form.  
If you require an custom imprint, please specify below.

Imprint : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## 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**

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## 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	<b>FREE</b>	\$23.10	\$353.05
10,000	\$389.95	<b>FREE</b>	\$27.30	\$417.25

**PLEASE SELECT:**

### TYPE OF FORM

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

## 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	<b>FREE</b>	\$18.20	\$278.15
4000	\$419.95	<b>FREE</b>	\$29.40	\$449.35
5000	\$499.95	<b>FREE</b>	\$35.00	\$534.95
8000	\$679.95	<b>FREE</b>	\$47.60	\$727.55
10,000	\$799.95	<b>FREE</b>	\$56.00	\$855.95

### QUANTITY

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

## 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	<b>FREE</b>	\$18.20	\$278.15
2000	\$379.90	<b>FREE</b>	\$26.59	\$406.49
4000	\$639.80	<b>FREE</b>	\$44.79	\$684.59
5000	\$699.75	<b>FREE</b>	\$48.98	\$748.73
10,000	\$989.50	<b>FREE</b>	\$69.26	\$1058.76