

# ORAL DISPENSERS

## CUSTOM IMPRINT ORDER FORM

.....

### 1. SELECT ITEM

ITEM NO.	DESCRIPTION	PRICE
<input type="checkbox"/> Item # IMP205	5 ml Clear Oral Dispensers	\$0.90/each
<input type="checkbox"/> Item # IMP210	10 ml Clear Oral Dispensers	\$0.85/each
<input type="checkbox"/> Item # IMP200	10 ml Clear Oral Dispensers w/tube (Flow Wrapped)	\$1.25/each
<input type="checkbox"/> Item # IMP205PSW	5 ml White Oral Dispensers	\$0.90/each

### 2. INPUT QUANTITY (MOQ: 500 Units)

\_\_\_\_\_ Units

### 3. SELECT INK COLOUR

Blue    Red    Green    Black

### 4. IMPRINT INFORMATION (UP TO 3 LINES & 30 CHARACTERS PER LINE)

Special pricing available for larger quantities upon request. Please contact customer service for pricing.

**Please Note: A \$5.00 plate & set-up fee will be added to new imprint orders.**

Email or fax completed order form to [orders@pharmasystems.com](mailto:orders@pharmasystems.com) | 1.888.475.7155

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_      Postal Code: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Wholesaler: \_\_\_\_\_      Account No.: \_\_\_\_\_