# **PILL SPLITTER**

# **CUSTOM IMPRINT ORDER FORM**

# PILL & TABLET SPLITTER

# ITEM NO. IMP7345

## PRICE: \$4.50/each

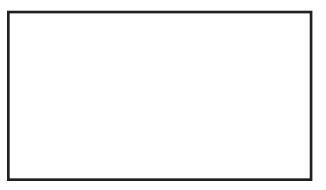
### 1. INPUT QUANTITY (MOQ: 500 Units)

\_\_\_\_\_ Units

#### 2. SELECT INK COLOUR

Blue	Red	Green	Black	White

#### 3. IMPRINT INFORMATION (UP TO 3 LINES & 30 CHARACTERS PER LINE) OR SUBMIT COMPANY LOGO (VECTOR IMAGE ONLY)



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 | 1.888.475.7155

Pharmacy:	Name:					
Address:	Phone:					
City:	Fax:					
Province: Postal Code:	Email:					
Date:	Wholesaler: Account No.:					