

ORAL DISPENSERS

CUSTOM IMPRINT ORDER FORM

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1. SELECT ITEM

| ITEM NO. | DESCRIPTION |
|---|--|
| <input type="checkbox"/> Item # IMP205 | 5 ml Clear Oral Dispensers |
| <input type="checkbox"/> Item # IMP210 | 10 ml Clear Oral Dispensers |
| <input type="checkbox"/> Item # IMP200 | 10 ml Clear Oral Dispensers w/tube (Flow Wrapped) |
| <input type="checkbox"/> Item # IMP205PSW | 5 ml White Oral Dispensers |

2. INPUT QUANTITY (MOQ: 2,500 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 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: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Date: _____

Name: _____

Phone: _____

Fax: _____

Email: _____

Wholesaler: _____ Account No.: _____