

PILL & VITAMIN ORGANIZERS

CUSTOM IMPRINT ORDER FORM

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1. SELECT ITEM

ITEM NO.	DESCRIPTION
<input type="checkbox"/> Item # IMP255	Small Weekly Planner
<input type="checkbox"/> Item # IMP030	Mini Pill Pod
<input type="checkbox"/> Item # IMP285	Twice Daily Planner

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

_____ Units

2. SELECT INK COLOUR

Blue Red Green Black

3. 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.: _____