

RxTriad

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Edmond, OK 73034

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ORDER FORM

First Name _____ Last Name _____
Pharmacy/Organization _____
Address _____
Phone _____ Fax _____ Email _____

A. ORDERING OPTIONS(PLEASE CHOOSE ONE)

1. Month-to-Month Order Program

Customers will be sent a fax preview copy of each RxTriad Newsletter prior to printing. A fax order will be required to receive newsletters for that month. Customers choosing this option will be billed as they order. Orders can vary in quantity from month to month and do not have to be consecutive months.

2. Auto Order Program - 10% discount

Customers will be sent their order **every** month consecutively without content review for a designated time period or indefinitely. Receive a 10% discount for this option.

B. PAYMENT OPTIONS(PLEASE CHOOSE ONE)

1. Auto Payment

The credit card # below can be charged each time you order. You will receive a receipt each time you order.

2. Monthly-Invoice

Payment will be due within 30 days of bill. 2% charge for late payments will be applied.

C. SET UP FEE

All customers will be charged a **\$100.00** set up fee when their panel is set up and approved. Customers will need to send requested panel information for approval before receiving 1st issue of RxTriad.

Credit Card number (for set-up fee and auto-payment if you chose that option):

_____ Expiration Date ____/____/____

Name on Card _____

Signature _____

D. PRICING

Minimum order of 100 copies. Volume Discounts for over 1000 copies. Call for more information.

First 100 Copies	\$1.50 each	Example: 100 copies=\$150	250 copies=\$300
101-999 Copies	\$1.00 each	150 copies=\$200	300 copies=\$350
		200 copies=\$250	350 copies=\$400