# Order Form

## For S

### Presci

| For Shipping t<br>Prescription Drug | Keeper™ and EZ R              | BH2012<br>Remove/Reclose Lid:<br>Tomper-Evident<br>Closure:<br>Seal Contents<br>for Disoreal |  |  |  |
|-------------------------------------|-------------------------------|--|--|--|--|
| Ordering Office:                    |                               | FOR WHITNEY OFFICE USE ONLY:   |  |  |  |
| First Name: Last Name:              |                               |  | Total Order of BH2010:   |  |  |
| Title:                              |                               |  |  |  |  |
| Office Phone: Cell Phone:           |                               |  | Single Boxes:  |  |  |
| Email:                              |                               |  | Total Order of BH2012:   |  |  |
| Street Address:                     |                               | Suite:   | 6-Pack of Boxes:   |  |  |
| City:                               | State:                        | Zip:   | Single Boxes:  |  |  |
| SHIP TO' OFFICE LOCATION IN         | IFORMATION (IF DIFFERENT FROM | ORDERING OFFICE INFORMATION):  |  |  |  |
| First Name:                         | Last Name:                    |  | (See 'definitions of shipping options for additional information.)<br>CHOOSE BELOW IF ORDER IS OVER 100 BOXES <u>TO THIS</u> LOCATION: |  |  |
| Title:                              |                               |  | [ ] Standard Dock Dolivory (On pallot)   |  |  |
| Office Phone:                       | Cell Phone:                   |  |  |  |  |
| Email:                              |                               |  | CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION:   |  |  |
| Name of 'Ship To' Office:           |                               |  | [ ] UPS Ground (Packaged in 6 packs)     CHOOSE BELOW IF YOU NEED HANDLING SERVICES WITH DELIVERY:                                     |  |  |
| Street Address:                     |                               | Suite:   | [ ] 'White Glove' Delivery Services  |  |  |
| City:                               | State:                        | Zip:   | Additional Comments / Instructions:  |  |  |
| QUANTITIY NEEDED FOR THIS           | LOCATION:                     |  |  |  |  |
| BH2010 Singles:                     | BH2012 Singles:               | DATE NEEDED:   |  |  |  |
| 6-Packs:                            | 6-Packs:                      |  | _  |  |  |

#### **DEFINITIONS OF SHIPPING OPTIONS:**

| Standard Dock   | Standard Dock w/  | Liftgate  | Liftgate w/   | UPS Ground  | White Glove   |
|---|---|---|---|---|---|
| Delivery:   | Inside Delivery:  | Delivery:   | Inside Delivery:  | Delivery:   | Service Delivery:   |
| Your shipment is <b>MORE</b><br><b>THAN 100 BOXES</b> to a<br>single location.<br>Your facility has a<br>loading dock.<br>You DO have the<br>equipment forklift/<br>pallet jack) and<br>personnel to off-load<br>the pallet containers<br>from the truck and<br>into your facility. | Your shipment is MORE<br>THAN 100 BOXES to a<br>single location.<br>Your facility has a<br>loading dock.<br>You DO NOT have the<br>equipment forklift/<br>pallet jack) or<br>personnel to off-load<br>the pallet(s).<br>The driver will move<br>the pallet(s) off of the<br>truck and through one<br>door into your facility. | Your shipment is MORE<br>THAN 100 BOXES to a<br>single location.<br>Your facility DOES NOT<br>have a loading dock.<br>The delivery truck will<br>be equipped with a<br>liftgate to unload the<br>pallet(s) from truck.<br>You DO have the<br>equipment (forklift/<br>pallet jack) and<br>personnel to remove<br>the pallet(s) from the<br>liftgate and into<br>your facility. | Your shipment is MORE<br>THAN 100 BOXES to a<br>single location.<br>Your facility DOES NOT<br>have a loading dock,<br>the equipment, or<br>personnel to remove<br>the pallet(s) from the<br>liftgate.<br>The delivery truck<br>will be equipped with<br>a liftgate to unload<br>the pallet(s), and the<br>driver will move the<br>pallet(s) through one<br>door into your facility. | UPS Ground Delivery<br>is available if your<br>shipment is<br><b>100 BOXES OR LESS,</b><br>shipped to a single<br>location.<br>Your order will<br>automatically be<br>shipped to you,<br>prepackaged in boxes,<br>flat in packs of 6 for<br>your convenience. | This is an add-on<br>service for additional<br>handling assistance<br>with the shipment.<br>Do you need help<br>taking the containers<br>off of the pallet(s)?<br>Do you need help<br>taking the containers<br>to a location inside of<br>your building?<br>Do you need the pallet<br>and any debris (shrink<br>wrap and securing<br>cables) removed? |

| PAGE 1 | Insert additional pages as needed to list more shipping locations.



EZ Rx Drug Keeper™

Prescription Drug Keeper™

Whitney (847) 470-9300 | 800-DEVICES: (800) 338-4237 | Fax (847) 470-9306 | www.DrugKeepers.com WMS MM0153 - Rev. 0

## Additional Page | Order Form For Shipping to Multiple Locations Prescription Drug Keeper™ and EZ Rx Drug Keeper™

| 'SHIP TO' OFFICE LOCATION INF | ORMATION (IF DIFFERENT FROM O | Shipping Needs:<br>(See 'definitions of shipping options for additional information.)                      |  |
|-------------------------------|-------------------------------|--|--|
| First Name:                   | Last Name:                    |  |  |
| Title:                        |                               |  | <ul> <li>[ ] Standard Dock Delivery (On pallet)</li> <li>[ ] Standard Dock w/ Inside Delivery (On pallet)</li> </ul> |
| Office Phone:                 | Cell Phone:                   | <ul> <li>[ ] Liftgate Delivery (On pallet)</li> <li>[ ] Liftgate w/ Inside Delivery (On pallet)</li> </ul> |  |
| Email:                        |                               |  | CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION:   |
| Name of 'Ship To' Office:     |                               |  | CHOOSE BELOW IF YOU NEED HANDLING SERVICES WITH DELIVERY:  |
| Street Address:               |                               | Suite:   | Additional Comments / Instructions:  |
| City:                         | State:                        | Zip:   |  |
| QUANTITIY NEEDED FOR THIS LO  | OCATION:                      |  |  |
| BH2010 Singles:               |                               | DATE NEEDED:   |  |
| 6-Packs:                      | 6-Packs:                      |  |  |
| 'SHIP TO' OFFICE LOCATION INF |                               |  | Shipping Needs:  |
|                               | ``                            | ,  | (See 'definitions of shipping options for additional information.)   |
| First Name:                   | Last Name:                    |  | CHOOSE BELOW IF ORDER IS OVER 100 BOXES <u>TO THIS</u> LOCATION:<br>[ ] Standard Dock Delivery (On pallet)           |
| Title:                        |                               |  | [ ] Standard Dock w/ Inside Delivery (On pallet)   |
| Office Phone:                 | Cell Phone:                   |  | <ul> <li>[ ] Liftgate Delivery (On pallet)</li> <li>[ ] Liftgate w/ Inside Delivery (On pallet)</li> </ul>           |
| Email:                        |                               |  | CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION:<br>UPS Ground (Packaged in 6 packs)                       |
| Name of 'Ship To' Office:     |                               |  | CHOOSE BELOW IF YOU NEED HANDLING SERVICES WITH DELIVERY:  |
| Street Address:               |                               | Suite:   | Additional Comments / Instructions:  |
| City:                         | State:                        | Zip:   |  |
| QUANTITIY NEEDED FOR THIS LO  | OCATION:                      |  |  |
| BH2010 Singles:               | BH2012 Singles:               | DATE NEEDED:   |  |
| 6-Packs:                      | 6-Packs:                      |  |  |
|                               |                               |  |  |
| 'SHIP TO' OFFICE LOCATION INF | ORMATION (IF DIFFERENT FROM O | RDERING OFFICE INFORMATION):   | Shipping Needs:<br>(See 'definitions of shipping options for additional information.)                                |
| First Name:                   | Last Name:                    |  | CHOOSE BELOW IF ORDER IS OVER TOO BOXES TO THIS ECCATION.  |
| Title:                        |                               |  | <ul> <li>[ ] Standard Dock Delivery (On pallet)</li> <li>[ ] Standard Dock w/ Inside Delivery (On pallet)</li> </ul> |
| Office Phone:                 | Cell Phone:                   |  | <ul> <li>[ ] Liftgate Delivery (On pallet)</li> <li>[ ] Liftgate w/ Inside Delivery (On pallet)</li> </ul>           |
| Email:                        |                               |  | CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION:<br>[ ] UPS Ground (Packaged in 6 packs)                   |
| Name of 'Ship To' Office:     |                               |  | CHOOSE BELOW IF YOU NEED HANDLING SERVICES WITH DELIVERY:  |
| Street Address:               |                               | Suite:   | [ ] 'White Glove' Delivery Services<br>Additional Comments / Instructions:   |
| City:                         | State:                        | Zip:   |  |
| QUANTITIY NEEDED FOR THIS LO  | OCATION:                      |  |  |
| BH2010 Singles:               | BH2012 Singles:               | DATE NEEDED:   |  |
| 6-Packs:                      | 6-Packs:                      |  |  |
| PAGE #:   Insert addit        | ional pages as needed to list | more shipping locations.   |  |

Whitney<sup>™</sup> (847) 470-9300 | 800-DEVICES: (800) 338-4237 | Fax (847) 470-9306 | www.DrugKeepers.com