Order Form

For S

Presci

For Shipping t Prescription Drug	Keeper™ and EZ R	BH2012 Remove/Reclose Lid: Tomper-Evident Closure: Seal Contents 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.) 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 MORE THAN 100 BOXES to a single location. Your facility has a loading dock. You DO have the equipment forklift/ pallet jack) and personnel to off-load the pallet containers from the truck and into your facility.	Your shipment is MORE THAN 100 BOXES to a single location. Your facility has a loading dock. You DO NOT have the equipment forklift/ pallet jack) or personnel to off-load the pallet(s). The driver will move the pallet(s) off of the truck and through one door into your facility.	Your shipment is MORE THAN 100 BOXES to a single location. Your facility DOES NOT have a loading dock. The delivery truck will be equipped with a liftgate to unload the pallet(s) from truck. You DO have the equipment (forklift/ pallet jack) and personnel to remove the pallet(s) from the liftgate and into your facility.	Your shipment is MORE THAN 100 BOXES to a single location. Your facility DOES NOT have a loading dock, the equipment, or personnel to remove the pallet(s) from the liftgate. The delivery truck will be equipped with a liftgate to unload the pallet(s), and the driver will move the pallet(s) through one door into your facility.	UPS Ground Delivery is available if your shipment is 100 BOXES OR LESS, shipped to a single location. Your order will automatically be shipped to you, prepackaged in boxes, flat in packs of 6 for your convenience.	This is an add-on service for additional handling assistance with the shipment. Do you need help taking the containers off of the pallet(s)? Do you need help taking the containers to a location inside of your building? Do you need the pallet and any debris (shrink wrap and securing 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: (See 'definitions of shipping options for additional information.)	
First Name:	Last Name:		
Title:			 [] Standard Dock Delivery (On pallet) [] Standard Dock w/ Inside Delivery (On pallet)
Office Phone:	Cell Phone:	 [] Liftgate Delivery (On pallet) [] Liftgate w/ Inside Delivery (On pallet) 	
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: [] Standard Dock Delivery (On pallet)
Title:			[] Standard Dock w/ Inside Delivery (On pallet)
Office Phone:	Cell Phone:		 [] Liftgate Delivery (On pallet) [] Liftgate w/ Inside Delivery (On pallet)
Email:			CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION: 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: (See 'definitions of shipping options for additional information.)
First Name:	Last Name:		CHOOSE BELOW IF ORDER IS OVER TOO BOXES TO THIS ECCATION.
Title:			 [] Standard Dock Delivery (On pallet) [] Standard Dock w/ Inside Delivery (On pallet)
Office Phone:	Cell Phone:		 [] Liftgate Delivery (On pallet) [] Liftgate w/ Inside Delivery (On pallet)
Email:			CHOOSE BELOW IF ORDER IS UNDER 100 BOXES TO THIS LOCATION: [] 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 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.	

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