

# FDABINDERS.COM | Order Form

Forbes Custom Products | 10 Forbes Street, Dansville, NY14437  
 (800) 621-7326 | Fax: (847) 244-9741

Date:		Order #			PO #			
Company Name:								
Contact Name:								
Shipping Street Address:								
Shipping City, State, Zip:								
Billing Street Address:								
Billing City, State, Zip:								
Email Address:								
Phone:				Fax:				
Quantity	Form #	Color	Ink	Section Name	RATES (Based on Quantity)			Amount
	2675	Red	Black	IND NAME OF DRUG	24-49	50-99	100+	
	2675a	Green	Black	IND NAME OF DRUG	3.50	2.95	2.20	
	2675b	Orange	Black	IND NAME OF DRUG	3.50	2.95	2.20	
	3316	Red	Black	DRUG MASTER FILE	3.50	2.95	2.20	
	3316a	Blue	Black	DRUG MASTER FILE	3.50	2.95	2.20	
	2626	Blue	Black	NDA ARCHIVAL COPY	3.50	2.95	2.20	
	2626a	Red	Black	NDA CHEMISTRY	4.00	3.90	3.80	
	2626b	Yellow	Black	NDA PHARMACOLOGY	4.00	3.90	3.80	
	2626c	Orange	Black	NDA PHARMACOKINETIC	4.00	3.90	3.80	
	2626d	White	Black	NDA MICROBIOLOGY	4.00	3.90	3.80	
	2626e	Tan	Black	NDA CLINICAL DATA	4.00	3.90	3.80	
	2626f	Green	Black	NDA STATISTICS	4.00	3.90	3.80	
	2626h	Maroon	White	NDA FIELD SUBMISSION CHEMISTRY	4.00	3.90	3.80	
	R80	Fasteners in Bulk (Unassembled)			1.75	1.50	1.35	
SUBTOTAL (Does not include tax & shipping.)								
<b>Payment Options:</b>								
I am paying by check. Please provide pricing with applicable sales tax & shipping.				I am paying by credit card. Payment Authorization form is included with this order.				
<b>ORDER ACKNOWLEDGEMENT</b>								
I have reviewed the quantities and items marked above for accuracy. My electronic signature below verifies that I have review the above information.								
<b>Electronic Signature (Type Full Name):</b>								
Order Submission Date:								

Fax Order to (847) 244-9741 or email to [greatservice@forbesproducts.com](mailto:greatservice@forbesproducts.com)  
 Please include payment authorization form with order.

# FDA BINDERS CREDIT CARD AUTHORIZATION

## PURCHASER INFORMATION

Company Name:	
Contact Name:	
SHIPPING Street Address:	
SHIPPING City, State, Zip:	
Email Address:	
Phone:	Fax:
Purchase Order Number:	

## PAYMENT TYPE:

Type	Description
<input type="checkbox"/>	Check to be mailed with finalized order amount.*
<input type="checkbox"/>	Credit Card Authorization provided below.

*\*I understand orders payable by check will not be shipped until full payment is received.*

## CREDIT CARD INFORMATION

CREDIT CARD NUMBER:	
EXPIRATION DATE:	SECURITY CODE: **
NAME AS IT APPEARS ON CARD:	
Credit Card Billing Address:	
Credit Card Billing City, State, Zip:	

\*\* For VISA/MC/DISCOVER cards the security code is the last 3 digits of the number printed in the signature panel on the BACK of the card.  
For AmEx cards, the security code is the four digit number on the front of the card just above the embossed card number.

## AUTHORIZATION

I authorize General Loose Leaf to charge the above credit card for the total amount on the enclosed FDA BINDER order form, plus tax and shipping (where applicable). I understand that after the order is shipped, a paid order shipment confirmation will be sent to the email address shown above.	
Signature:*	Date:

\*Electronic Signature is allowed if submitting by email. Please enter your full name.