



FROM: Supply Department
SUBJECT: Ordering Supplies
TO: EZ Meds USA Producer

We have make arrangements with Print Runner and Displays 2 Go to provide direct fulfillment of your marketing materials. Please complete these order forms and fax them directly to these companies. Delivery times a generally 10 working days from the day they receive the order. Feel free to contact us if you have any questions at Supplies@ezmedsusa.com

EZ Meds USA Supply Order Options for Marketing Materials

EZMEDS USA TRI-FOLD BROCHURE, 4/4 on 100# book paper

1,000	\$194.96
2,500	\$254.96
5,000	\$344.96
10,000	\$581.21

EZ MEDS USA MEMBERSIIP APPLICATION, 4/1 TRI FOLD

1,000	\$187.46
5,000	\$254.96
7,500	\$344.96
10,000	\$581.21

EZ MEDS USA BUSINESS CARDS

1,000	\$21.20
2,500	\$46.70
5,000	\$55.20
10,000	\$108.7

EZ MEDS BROCHURE STANDS

100	\$34.00
200	\$68.00
300	\$102.00
400	\$136.00

Corporate Mailing Address
P.O. Box 15640 • Scottsdale, Arizona 85267
Phone: (480) 502-3773 • Toll Free: 888-396-3371 • Fax: (480) 502-3993

EZ MEDS SUPPLY ORDER FORM

TO: Joseph Yousufi Account Manager (Fax 818-993-7919) DATE _____
Print Runner Company (Phone 818-993-9111x250)
9673 Topanga Canyon Place
Chatsworth, CA 91311

SUBJECT: EZ Meds USA Supply Order Form

FROM (Name) _____
(Shipping Address) _____
(City, State, Zip) _____
(Phone) _____

Please order me the following EZ Meds Supplies:

QUANTITY	ITEM	COST
_____	EZ Meds Tri-Fold Brochures	\$ _____
_____	EZ Meds Application Folded	\$ _____
_____	EZ Meds Business Cards	\$ _____
SHIPPING COST		\$ <u>UPS GROUND</u>
TAX (CA only residents 8.5%)		\$ _____
TOTAL COST TO BE CHARGED+SHIPPING		\$ _____

PAYMENT:

CREDIT CARD _____ VISA _____ MASTER CARD

CARD# _____

EXP DATE _____ 3 DIGIT SEC CODE _____

AUTHORIZED SIGNATURE _____

DATE _____

EZ MEDS SUPPLY ORDER FORM

TO: Nancy Smith Account Manager (Fax 401-247-0392) DATE _____
DESPLAYS 2 GO (Phone 800-572-2194)
55 Broadcommon Rd
Bristol, RI 02809 USA

SUBJECT: EZ Meds USA Supply Order Form

FROM (Name) _____
(Shipping Address) _____
(City, State, Zip) _____
(Phone) _____

Please order me the following EZ Meds Supplies:

QUANTITY	ITEM	COST
_____	WCB49 Cardboard Brochure Holder	\$ _____
SHIPPING COST		\$ <u>UPS GROUND</u>
TAX (RI only residents 8.5%)		\$ _____
TOTAL COST TO BE CHARGED+SHIPPING		\$ _____

PAYMENT:

CREDIT CARD _____ VISA _____ MASTER CARD

CARD# _____

EXP DATE _____ 3 DIGIT SEC CODE _____

AUTHORIZED SIGNATURE _____

DATE _____