



RX EDIT/ CHANGE REQUEST

MASTERCARD, VISA, AMERICAN EXPRESS
CREDIT CARD PAYMENT

ONLINE TRACKING/ORDER # _____
(required)

I authorize ProDocumentSolutions, Inc. to charge my card for the items and amounts listed below:

- CHANGE/ EDIT – EXISTING RX PAD, 1 PROOF INCLUDED ----- \$35.00
- ADDITIONAL PROOF ----- \$15.00
- CANCEL, BEFORE PRINTING (call to verify production status) ----- \$10.00
- RUSH PRODUCTION ----- \$35.00
- REDELIVERY ----- \$15.00
- OTHER*: ----- \$ _____

**(Enter a brief description and amount quoted by Pro RX dept.)*

MC

VISA

AMERICAN EXP

CREDIT CARD NUMBER

EXP. DATE (mmyy)

VERIFICATION CODE

AUTHORIZED SIGNATURE _____

COMPANY NAME: _____

AUTHORIZED PERSON: _____

BILLING ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

EMAIL: _____

No Invoice will be created. For your records, a receipt will be sent to the email address listed above.

Fax completed form to: 1-800-233-1557