

fdabinders.com | order form**General Loose Leaf Bindery Co., Inc.**

10 Forbes St

Dansville NY 14437

(800) 621-7326 Fax (847) 244-9741

FDA@looseleaf.com

Date: _____ ORDER# _____ P.O.# _____

Company:	
Contact Name:	Title:
Shipping Address:	
City, State, Zip:	
Billing Address:	
Email Address:	
Phone:	Fax:

Quantity (Min.25*)	Form#	Color	Ink	Section Name	Quantity Rate \$			Amount
					(25-49)	(50-99)	100+	
	2675	Red	Black	IND NAME OF DRUG	3.50	2.95	2.20	
	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 (Un-Assembled)			1.75	1.50	1.35	
Sub-Total (Shipping & Handling not included)								

Attention: Please make sure your order acknowledgement above is correct. Sign and date this acknowledgement and FAX to: (847) 244-9741 or Email to: FDA@looseleaf.com

Sign: _____ Date: _____

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FDA@looseleaf.com**Credit Card Charge Authorization Form for FDA binder purchases*****PURCHASER INFORMATION***

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

CREDIT CARD INFORMATION

Card Number	
Expiration Date	Security Code **
Name (as it appears on card)	
Credit Card Billing Address	
City, State, Zip	

** For VISA/MC/Discover cards the security code is the last three digits of the numbers printed on the signature panel on the back of the card. For American Express cards, the security code is the four digit code on the front of the card just above the embossed card number

AUTHORIZATION

I authorize General Loose Leaf (fdabinders.com) to charge \$ _____ plus shipping fees and applicable sales tax (for shipments to Illinois addresses only) to the credit card account shown above for payment of the above referenced order. I understand that after the order is shipped, a paid invoice will be sent to the email address shown above.	
Signature:	Date: