



**Pharmaceuticals**  
Your Unmatched Distribution Channel

# 2012-2013 INFLUENZA VACCINE ORDER FORM

Order With ABO Pharmaceuticals By Filling Out This Order Form Or  
By Visiting Our Website at [www.gotfluvaccine.com](http://www.gotfluvaccine.com)

Account Information      Acct #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Name On Card: \_\_\_\_\_  
Exp: \_\_\_\_\_ Sec Code: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Information  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suite/Unit #: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Requested Delivery: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

Brand/Manufacturer/Indication	Age Indication	Price	Quantity
NO PREFERENCE — VIALS OR SYRINGES FIRST BRAND AVAILABLE			Boxes/Vials
<b>Merck/CSL— 20% Returnable, Call For Details</b>			
Afluria® Influenza Virus Vaccine 5mL Vial 10 Doses/Vial	5 Years & Above	\$80.00*	Vials
Afluria® Influenza Virus Vaccine .5mL 10 Single-Dose Pre-Filled Syringes THIMEROSAL FREE, MERCURY FREE, LATEX FREE	5 Years & Above	\$90.00*	Boxes
<b>GSK</b>			
Flulaval® Influenza Virus Vaccine 5mL Vial 10 Doses/Vial	18 Years & Above	\$82.50*	Vials
<b>Novartis</b>			
Fluvirin® Influenza Virus Vaccine 5mL Vial 10 Doses/Vial	4 Years & Above	\$89.50*	Vials
Fluvirin® Influenza Virus Vaccine .5mL 10 Single-Dose Pre-Filled Syringes	4 Years & Above	Low Cost (Call For Price)	Boxes
<b>Sanofi Pasteur</b>			
Fluzone® Influenza Virus Vaccine 5mL Vial 10 Doses/Vial	6 Months & Above	\$107.00*	Vials
Fluzone® Influenza Virus Vaccine .5mL 10 Single-Dose Pre-Filled Syringes THIMEROSAL-FREE	36 Months & Above	\$117.00*	Boxes
Fluzone® Influenza Virus Vaccine Pediatric .25mL 10 Single-Dose Pre-Filled Syringes THIMEROSAL-FREE	6-35 Months	\$127.00*	Boxes
Fluzone® Influenza Virus Vaccine HIGH DOSE .5mL 10 Single Dose Pre-Filled Syringes	65 Years & Above	\$265.00*	Boxes
Fluzone® Influenza Virus Vaccine Intradermal .1mL 10 Single Dose Pre-Filled injection	18-64 years	\$155.00*	Boxes

**Please Fax Your Completed Order Form With Copy Of Current License/DEA To 877-718-0118**

**\* Federal Excise Tax of \$.75 Per Dose (\$7.50 Per Box/Vial) will be added to each order and is not included in the above price...** ABO requires a current copy of Physician's License, DEA or State Medical License to be on file prior to any shipments. ABO ships based on the current market conditions and manufacturer availability. ABO shall not be held accountable or assume any financial responsibility for any product mis-shipments, delays or damages; including any of those errors being made by UPS/Fed Ex/DHL. Please review this order form for all contact, billing, and shipping information is correct. Orders can be modified at any time on or before June 30, 2012 any orders not cancelled by that date are automatically considered firm and non-returnable orders. Signing below will be used as verification to all terms and conditions listed and that all information provided by the customer is true and correct.

\_\_\_\_\_  
AUTHORIZED BUYER SIGNATURE (REQUIRED)

\_\_\_\_\_  
PRINT NAME (REQUIRED)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

Toll Free 877.226.2266 | Direct 949.699.2727 | Fax 877.718.0118 | [www.gotfluvaccine.com](http://www.gotfluvaccine.com) [www.abopharmaceuticals.com](http://www.abopharmaceuticals.com)