

Your Merck Authorized Distributor...



Pharmaceuticals
Your Unmatched Distribution Channel

2010-2011

INFLUENZA VACCINE PRE-BOOK ORDER



CONTACT INFORMATION

FACILITY NAME
CONTACT NAME
PHONE NUMBER
FAX NUMBER
EMAIL ADDRESS

BILLING/SHIPPING ADDRESS

FACILITY NAME
ATTENTION
DEPARTMENT/BUILDING
STREET ADDRESS
CITY, STATE, ZIP

PAYMENT INFORMATION

- PAYMENT TERMS
- ELECTRONIC CHECK
- CREDIT CARD

NAME ON CARD		
CARD NUMBER		
EXP DATE	SEC CODE	ZIP CODE

Brand/Manufacturer	Presentation	Indication	Price	Quantity
Afluria® Influenza Virus Vaccine Merck/CSL	5ml Vial 10 Doses/Vial	6 months of age and older	\$95.00* Per Vial	Vials
Afluria® Influenza Virus Vaccine Merck/CSL THIMEROSAL-FREE	.5ml Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	36 months of age and older	\$102.50* Per Box	Boxes
Afluria® Influenza Virus Vaccine Merck/CSL THIMEROSAL-FREE	.25ml Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Pediatric 6 months to 35 months	\$115.00* Per Box	Boxes

*\$0.75 per dose Federal Excise Tax will be applied to your order.

TO SECURE YOUR PRE-BOOK, YOU WILL NEED TO INCLUDE A CURRENT COPY OF YOUR LICENSE/DEA.

COMPLETED FORM SHOULD BE FAXED TO: **949-457-0891**

An ABO Representative will contact you promptly to confirm the details of your order.

Merck Rep:

Merck Account #:

ABO will require a current copy of Physician's License, DEA or State License to be verified and on file prior to any shipment. A 2.5% charge will apply to ALL Credit Card orders. Due to market conditions and limited vaccine supply, ABO cannot guarantee product availability or pricing. ABO reserves the right to cancel or amend your order at anytime to adjust to current market. ABO shall not be held accountable for any product mis-shipments, delays or damages, or assume any financial responsibility should the previously mentioned occur, including any of the previously mentioned errors being made by UPS/Fed Ex/DHL. Review this order form and all contact/billing/shipment information, any order selections made, and be sure all information is legible prior to submitting. Signing above 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

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Toll Free 877-226-2266 | Direct 949-699-2727 | Fax 949-457-0891 | www.gotfluvaccine.com | www.abopharmaceuticals.com