



Expert Third-Party Audit and Contract Advice



**Required*

SIGNATURE LOG ORDER FORMS

Select Order Quantity

If you are a **PAAS MEMBER**, enter the number of Patient Signature Logbooks you would like to order: Signature Logbooks (\$12.99 each plus shipping)

Quantity: _____

Payment Information

Signature Logbooks are for PAAS National Members only.

Billing Information

- This information must match the information on your credit card account.

Contact Name*: _____

Street Address*: _____

City*: _____

State*: _____

Zip*: _____

Pharmacy Name*: _____

NABP#: _____

NPI#: _____

Phone*: _____

Fax: _____

Email: _____

Shipping Information

Contact Name*: _____

Street Address*: _____

City*: _____

State*: _____

Zip*: _____

Pharmacy Name*: _____

NABP#: _____

NPI#: _____

Phone*: _____

Fax: _____

Email: _____

Credit Card Information

- Please enter your credit card information.

Card Type:

Visa Mastercard American Express Discover

Credit Card Number*: _____

Expiration Date*: _____

Authorization Code: _____