

# 2010-2011 INFLUENZA VACCINE ORDER



**Pharmaceuticals**  
Your Unmatched Distribution Channel

## ACCOUNT INFORMATION

COMPANY NAME

CONTACT NAME

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

## SHIPPING INFORMATION

COMPANY NAME

CONTACT NAME

DEPARTMENT/BUILDING

STREET ADDRESS

CITY, STATE, ZIP

## PAYMENT INFORMATION

- PAYMENT TERMS  
(\$2,500 OR MORE, ON APPROVED CREDIT)
- ELECTRONIC CHECK (FAX VOIDED CHECK)
- CREDIT CARD (FILL OUT BELOW)

NAME ON CARD

CARD NUMBER

EXP DATE

SEC CODE

ZIP CODE

Brand/Manufacturer/Indication	Presentation	Quantity
<b>NO PREFERENCE – VIALS</b> FIRST BRAND AVAILABLE	5mL Vial 10 Doses/Vial	Vials
<b>NO PREFERENCE – SYRINGES</b> FIRST BRAND AVAILABLE	.5mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes

<b>Afluria® Influenza Virus Vaccine</b> Merck/CSL Biotherapies 6 months of age and older	NDC 33332-0110-10 5mL Vial 10 Doses/Vial	Vials
<b>Afluria® Influenza Virus Vaccine</b> Merck/CSL Biotherapies 36 months of age and older <b>THIMEROSAL-FREE</b>	NDC 33332-0010-01 .5mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes
<b>Afluria® Influenza Virus Vaccine</b> Merck/CSL Biotherapies PEDIATRIC 6-35 months of age <b>THIMEROSAL-FREE</b>	NDC 33332-0010-25 .25mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes
<b>Fluzone® Influenza Virus Vaccine</b> Sanofi Pasteur 6 months of age and older	NDC 49281-0385-15 5mL Vial 10 Doses/Vial	Vials
<b>Fluzone® Influenza Virus Vaccine</b> Sanofi Pasteur 36 months of age and older <b>THIMEROSAL-FREE</b>	NDC 49281-0010-50 .5mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes
<b>Fluzone® Influenza Virus Vaccine</b> Sanofi Pasteur PEDIATRIC 6-35 months <b>THIMEROSAL-FREE</b>	NDC 49281-0010-25 .25mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes
<b>Fluvirin® Influenza Virus Vaccine</b> Novartis 4 years of age and older	NDC 66521-0113-10 5mL Vial 10 Doses/Vial	Vials
<b>Fluvirin® Influenza Virus Vaccine</b> Novartis 4 years of age and older	NDC 66521-0113-02 .5mL Single-Dose Pre-Filled Syringe Box of 10, Single-Dose PFS	Boxes



To secure your order, you will need to include payment information and an actual copy of your License and/or DEA.

FAX COMPLETED FORM TO:  
**949-457-0891**

Upon receipt your Flu Vaccine Specialist will contact you to confirm the details and a confirmation number will be given securing your vaccine.

YOUR FLU SPECIALIST IS:

ALL INFLUENZA VACCINE IS NON-RETURNABLE. 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 errors being made by UPS/Fed Ex/DHL. No penalty for adjustments or cancellations prior to March 31, 2010. 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 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

/ /2010

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Toll Free 877-226-2266 | Direct 949-699-2727 | Fax 949-457-0891 | [www.gotfluvaccine.com](http://www.gotfluvaccine.com) [www.abopharmaceuticals.com](http://www.abopharmaceuticals.com)