



Pharmaceuticals
Your Unmatched Distribution Channel

2009-2010 Flu Vaccine Order Form

got flu?

ACCOUNT INFORMATION

ACCOUNT # _____ NEW ACCOUNT

COMPANY NAME _____

CONTACT NAME _____ TITLE _____

() ()
PHONE FAX

EMAIL _____

SHIPPING INFORMATION

PO NUMBER _____

M T W T F
TIME OFFICE CLOSES DAILY

ATTENTION _____ DEPARTMENT/BUILDING _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

BILLING INFORMATION

Electronic Check
 Credit Card




NAME ON CARD _____

CARD NO. _____

EXP DATE _____ SEC. CODE _____ ZIP CODE _____

PRODUCT DESCRIPTION	QTY	COST
Afluria® Influenza Virus Vaccine — CSL (18 years of age and older) THIMEROSAL-FREE Box of 10 Single Dose Syringes	___ BOXES	WAIT LIST
Afluria® Influenza Virus Vaccine — CSL (18 years of age and older) 5ml MDV (10 doses/vial)	___ VIALS	WAIT LIST
Fluzone® Influenza Virus Vaccine — Sanofi (Pediatrics 6mo-35mo of age) THIMEROSAL-FREE Box of 10 — .25ml Syringes	___ BOXES	WAIT LIST
Fluzone® Influenza Virus Vaccine — Sanofi (Persons 6mo+) 5ml MDV	___ VIALS	WAIT LIST
Fluzone® Influenza Virus Vaccine — Sanofi (36mo+) THIMEROSAL-FREE Box of 10 Single Dose Syringes	___ BOXES	WAIT LIST
Flulaval® Influenza Virus Vaccine — GSK (18 years of age and older) 5ml MDV (10 doses/vial)	___ VIALS	WAIT LIST
Fluvirin® Influenza Virus Vaccine — Novartis (4 years of age and older) 5ml MDV (10 doses/vial)	___ VIALS	WAIT LIST
Fluvirin® Influenza Virus Vaccine — Novartis (4 years of age and older) Box of 10 Single Dose Syringes	___ BOXES	WAIT LIST

Your order will **NOT** be processed unless ALL of the below items are included...

-  **COMPLETED ORDER FORM**
-  **CURRENT COPY LICENSE/DEA**
-  **FORM OF PAYMENT**

FAX BACK TO 949-348-6938

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

***MINIMUM ORDER OF 50 DOSES (5 VIALS OR 5 BOXES)

DATE FAXED: _____

REP: FLU

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-shippments, 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)

_____/_____/2009
DATE