



Pharmaceuticals
Your unmatched distribution channel

afluria Flu Vaccine 2007-2008 Order Form

Please complete and fax to **949-457-0891** along with a current copy of the doctors DEA, state license or facility license. An ABO Representative will contact you promptly to confirm the details of your purchase order. Any questions, please call Toll Free: 877-226-2266

Business Name: _____ **Contact Name:** _____

Business Address: _____

Business Phone: _____ **Business Fax:** _____

Email Address: _____ **paying with Credit Card** **Yes** **No**

Card Name: _____ **Credit Card #:** _____ **Exp Date:** _____

Bill to Same as Ship to address **Yes** **No if different explain:** _____

1) **AFLURIA Preservative Free Box of #10 Syringes NDC #33332-0007-01** _____ **Boxes**

2) **AFLURIA (MDV) Multi Dose Vial 5ml 10 Doses NDC # 33332-0107-10** _____ **Vials**

Confirm Total # of Doses ordered _____ **(10 doses per 1 vial) (10 doses per syringe box)**

PO # required to complete _____ **Pre-Book for 2008-2009 Season** **Yes** **No**

Signature: _____ **Title:** _____ **Date:** _____

***State Pharmacy license is required at time of purchase and verified upon shipping. ABO cannot guarantee product availability due to limited vaccine supply. **All Influenza vaccine sales are non-returnable.** ABO reserves the right to cancel or allocate your order at anytime to adjust to current market conditions. ***

ABO Pharmaceuticals Internal Use Only:

Rep Code _____ **Source** _____ **Pre-Book** _____ **Credit Amount** _____ **ABO Account #** _____