got flu? 2010-2011 Flu Vaccine Internet Prebook Form

_	2010-2011 Flu	Vaccine Internet Pre	book Form	
ACCOUNT INFORMATION		SHIPPING INFORMATION	FAX PREBOOK FORM TO:	
ACCOUNT #	NEW ACCOUNT	PO NUMBER M T W T F	949-457-0891 An ABO Representative will contact you shortly.	
COMPANY NAME	_	OFFICE HOURS		
CONTACT NAME TITLE		ATTENTION DEPARTMENT/BUILDING		
PHONE EMAIL	() FAX	STREET ADDRESS		
EMAIL		CITY, STATE, ZIP CODE		
		BILLING INFORMATION Credit Card Credit Card Don't be put on a		
BILLING ADDRESS SAME AS SHIPPING		Chartenia Charle	WAITELD	
COMPANY NAME		Terms (Must be Pre-Approved)	REBOOK NOW!	
ATTENTION	DEPARTMENT/BUILDING	NAME ON CARD	/	
STREET ADDRESS		CARD NO.	_	
CITY, STATE, ZIP COD	DE	EXP DATE SEC. CODE ZIP CODE	_	
ITEM NUMBER	PRODUCT DESCRIPTION		QTY	
000000	NO PREFERENCE OF BRAND OR PRI	ESENTATION (VIALS OR SYRINGES) FIRST AVAIL	VIALS/BOXES	
000000	Afluria® Influenza Virus Vaccine — CSL ((18 years of age and older) THIMEROSAL-FREE Box of 10 Single Dos	e SyringesBOXES	
000000	Afluria® Influenza Virus Vaccine — CSL (18 years of age and older) 5ml MDV (10 doses/vial)			
000000	Fluzone® Influenza Virus Vaccine — Sanofi (Pediatrics 6mo-35mo of age) THIMEROSAL-FREE Box of 10 – .25ml Syringes			
000000	Fluzone® Influenza Virus Vaccine — Sanofi (Persons 6mo+) 5ml MDV			
000000	Fluzone® Influenza Virus Vaccine — Sanofi (36mo+) THIMEROSAL-FREE Box of 10 Single Dose Syringes			
000000 000000 000000 000000 000000 00000	Flulaval® Influenza Virus Vaccine — GSK (18 years of age and older) 5ml MDV (10 doses/vial)VIALS			
000000	Fluvirin® Influenza Virus Vaccine — Novartis (4 years of age and older) 5ml MDV (10 doses/vial)			
000000	Fluvirin® Influenza Virus Vaccine — Nova	artis (4 years of age and older) Box of 10 Single Dose Syringe	BOXESBOXES	

ITEM NUMBER	PRODUCT DESCRIPTION	QTY
000000	NO PREFERENCE OF BRAND OR PRESENTATION (VIALS OR SYRINGES) FIRST AVAILABLE	VIALS/BOXES
000000	Afluria® Influenza Virus Vaccine — CSL (18 years of age and older) THIMEROSAL-FREE Box of 10 Single Dose Syringes	BOXES
000000	Afluria® Influenza Virus Vaccine — CSL (18 years of age and older) 5ml MDV (10 doses/vial)	VIALS
000000	Fluzone® Influenza Virus Vaccine — Sanofi (Pediatrics 6mo-35mo of age) THIMEROSAL-FREE Box of 10 – .25ml Syringes	BOXES
000000	Fluzone® Influenza Virus Vaccine — Sanofi (Persons 6mo+) 5ml MDV	VIALS
000000	Fluzone® Influenza Virus Vaccine — Sanofi (36mo+) THIMEROSAL-FREE Box of 10 Single Dose Syringes	BOXES
000000	Flulaval® Influenza Virus Vaccine — GSK (18 years of age and older) 5ml MDV (10 doses/vial)	VIALS
000000	Fluvirin® Influenza Virus Vaccine — Novartis (4 years of age and older) 5ml MDV (10 doses/vial)	VIALS
000000	Fluvirin® Influenza Virus Vaccine — Novartis (4 years of age and older) Box of 10 Single Dose Syringes	BOXES

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 accounted a product mis-shipments, delays or damages, or assume any financial responsibility object to represent the previously mentioned errors being made by UPSI/FoR library 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 is legible prior to submitting. Signing above will be used as verification to all terms and conditions listed and that all information. tion provided by the

AUTHORIZED BUYER SIGNATURE (REQUIRED)

PRINT NAME (REQUIRED)

/2009 DATE

PREPARE NOW -- PREBOOK NOW!



Pharmaceuticals

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