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| **Presents**  **PSA’s Ink & Toner Program** |
| **Request for Quote Form** |
| **For DiversifyRx Readers** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| Provider Services of America (PSA) is the marketing arm for the nation’s largest manufacturers of ink and toner cartridges.  (PSA) has contracted with DiversifyRx to offer significant discounted pricing on ink and toner cartridges for your printers,  copiers and fax machines. Discounted pricing is also offered on drums, imaging units and maintenance kits. This Ink and  Toner Program was developed specifically for pharmacies who are members of DiversifyRx.  Effective immediately, you will be able to purchase your ink, toner & drum cartridges directly from the manufacturer and  take advantage of these significant discounts. *The first step in participating in this program is to fill out this Request For*  *Quote Form.*  **Easy Instructions for Submitting Your Request for A Quote Are as Follows:** | | |
| ***On the following page, please submit the following information*:**  **• At the top of the next page (in the Contact Section), please provide us with the information requested.**  **• Then fill out the information requested in the columns located just below the Contact Section**  **• Send the completed form to PSA via fax: (470) 539-4739...or email:** [**jskognes@bellsouth.net**](mailto:jskognes@bellsouth.net)  **• PSA will then submit a Formal Ink & Toner Quote back to you showing the significant savings**  **• If you should have any questions, please contact Jim Skognes at (770) 390-9183.** | | | |
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| **Proceed to the next page....** | | | | |
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***NOTE:*** You can type your information right on to this form from your computer...save it ...and then email to: [**jskognes@bellsouth.net**](mailto:jskognes@bellsouth.net%20%20%20%20%20?subject=Request%20for%20quote)  ...OR, you can fill it out by hand and fax the completed forms to **(470) 539-4739**.

**REQUEST FOR QUOTE FORM**

|  |  |
| --- | --- |
| **Name of Pharmacy or Pharmacy Group:** | |
| **Contact Person:** | |
| **Address:** |
| **City: State: Zip:** | | |
| **Phone No.:** | |
| **Fax No.:** |
| **Email Address:** | |

**Now, please fill out the following information requested in the four columns below:**

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**Model No. of Printer/Copier /Fax Machine Cartridge No. Current Supplier Current Price**



**NOTE: When finished completing this form...please mail to:** [**jskognes@bellsouth.net**](mailto:jskognes@bellsouth.net) **…OR, fax this completed form to: (470) 539-4739.**

**NOTE: If you should have any questions, please call Jim Skognes at (770) 390-9183.**

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