

Don't miss out on SAVINGS!

METERED DOSE AIRLESS

PUMPS!



Macro Oval solid white

SIZE	CASE	Dosage	ORDER
75ml	250	1.0ml	
100ml	240	1.0ml	
100ml	240	1.5ml	
150ml	210	1.5ml	

Macro Ovals

(available in solid white)



Pricing:

Pumps sizes 30ml thru 150ml
by the CASE - \$1.69 ea
by the BOX of 100 - \$1.99 ea

Pumps size 200ml
by the CASE - \$2.29 ea

Mezzo Round solid white

SIZE	CASE	Dosage	ORDER
30ml	616	.5	
50ml	462	.5	
75ml	308	.5	
100ml	308	.5	

Mezzo Rounds

(available in clear & solid white)



DETAILS

- Sizes from 30 ml to 200 ml.
- Precise dosage choices of 0.5 ml, 1.0ml and 1.5 ml
- No metal parts - All plastic system.
- Each dispenser is 100 % function tested.
- Dispensing in any position.
- Minimal residue.
- Complete range of decoration solutions (call us for pricing).

Mezzo Round clear *special order 2 wk lead time

SIZE	CASE	Dosage	ORDER
30ml	616	.5	
50ml	462	.5	
100ml	308	.5	

Compact Rounds

(available in clear blue & solid white)



Compact Round clear blue

SIZE	CASE	Dosage	ORDER
150ml	220	1.0ml	
150ml	220	1.5ml	

Compact Round white (case only)

SIZE	CASE	Dosage	ORDER
200ml	190	1.0ml	
200ml	190	1.5ml	

**If you don't see the pump
you're looking for call us
at (407) 622-5300!**

Meter Dosed Nasal Spray Pumps



(0.1ml per pump)

Call for details!

Fax Your Order to (407) 540-9614

Date: _____ Contact: _____
 Company: _____
 Address: _____ City: _____ St/Zip: _____
 Telephone: _____
 Email: _____

RxCoop
 PO Box 219
 Goldenrod, FL 32733
 (407) 622-5300 ext. 1
 sales@rxcoop.com
 www.rxcoop.com

Customer Information Form

Addresses

Invoice Address

Company:

Address:

Address 2:

City State Zip:

Shipping Address

Check if same as Invoice Address

Company:

Address:

Address 2:

City State Zip:

Contacts

Purchasing Contact

Name:

Phone:

Fax:

E-mail:

AP Contact

Name:

Phone:

Fax:

E-mail:

Credit Card Information

Name On Card:

Credit Card Number:

Expiration Date:

Digits from the back:

Authorized Representative (print Name)

Payment Terms are Upon Receipt

Bill my credit card for invoices received from RxCoop where applicable. Check One YES No

Authorized Signature _____ Date: _____

Shipping Preferences

Notes