



3235 N. San Fernando Road, Bldg. 7B, Los Angeles, CA 90065
 Tel: (323) 254-1000 ext.101 Fax: (323) 214-8384

SUPPLY ORDER FORM

Order Date: _____

Customer Information:

Salesperson: _____

Name:			Ship to Address:		
Business:			City:	State:	Zip Code:
Bill to Address:			E-mail:		
City:	State:	Zip Code:	Fax:		
Phone:			Preferred method of Shipment: (Please check one - *there will be an extra charge) <input type="checkbox"/> NEXT DAY* <input type="checkbox"/> UPS GROUND <input type="checkbox"/> OTHER _____		

Method of Payment: Credit Card Check

You are authorized to charge my credit card: AMEX VISA MASTERCARD DISCOVER

Credit Card No.: _____ Exp. Date: _____

Name on the Credit Card: _____ Security Code: _____

Billing Address(If different): _____

List of Supplies**:

QTY	Model	Description	Unit Price
	900492	Disposable Sheath, Digital X-Ray Sensor (Generic: 500 Sheathes)	\$60
	900603	Disposable Sheath, Opti Plus / Spirit II (280 sheathes)	\$29
	900383	Disposable Sheath, Opti, 500ea	\$180
	900048	Disposable Sheath, Optum II, 500ea	\$180
	900614	Handpiece Holder - Opti Plus / Spirit II	\$30
	900551	Opti Handpiece Holder	\$10
	900045	X-Ray Sensor Holder	\$10

SubTotal \$ _____

Leave blank from this line below

Signed: _____	Applicable Sales Tax	\$ _____
Print: _____	Shipping/Handling	\$ _____
Date: _____	Total Balance Due	\$ _____

- All prices are subject to change without notice.
- Any manual modifications made on this form will cause to adjust figures accordingly by denttio. (i.e., Tax amount, Shipping/Handling charges, Total Balance, etc.)

Please fax the completed order form to us at (323) 214-8384.