

BILLING INFORMATION:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____
 Fax (____) _____
 E-mail _____

DELIVER TO: (Not necessary if same as Billing Information)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____
 Fax (____) _____

DESCRIPTION & SPECIFICATIONS	PRODUCT ID	QTY	UNIT PRICE	TOTAL PRICE

SUB - TOTAL

Check here if Florida Business
 6% Sales Tax Added
 Shipping Add 7%
 (Shipping is FREE IF CHECK is sent with order)

TOTAL

CREDIT CARD INFORMATION: (Check One)

MasterCard Visa American Express

Card # _____

Expiration Date _____

Name on Card _____

Signature _____

TERMS OF SALE:

- 7% Shipping / Handling Charge. No Shipping Charge if order is prepaid by check.
- Prices are subject to change. We reserve the right to limit quantity.
- Customer responsible for all costs and expenses of collection on any debt due Sierra Dental Products, Inc., including but not limited to attorney fees, court costs, and any other costs associated with collection.
- Equipment orders are non cancelable and non-returnable unless authorized in writing.
- In the event of damage or defect do not refuse the shipment. Have driver make note and sign bill of lading. Contact us immediately.

MAIL OR FAX ALL ORDERS TO:

DentalProducts.com
 P.O. Box 97
 Homosassa Springs, FL 34447
 Fax: (352)621-6979