MAIL/FAX ORDER FORM

PRICE CLUB DENTAL SUPPLIES L.L.C.
Brand Name Quality • Club Prices
www.PriceClubDentalSupplies.com
Tel: 203-448-6007

Mail Form To: Price Club Dental Supplies P. O. Box 758 Ridgefield, CT 06877 Or Fax Form To: 203-841-1399



<u>Item #</u>	Item Description	Order Unit	Price_Per_ Unit	Order Qty (# of Units)	Total Price (\$)
					-
Payment Information		Order Total			
<u>Please Circle One</u> : Visa / Mastercard / Discover		Merchandise Total \$			\$
/ Paypal (pay to: PriceClubDentalSupplies@Yahoo.com)		Member's Discount Code* (5% extra):			\$(
/ Money Order / Check (#)		Other Promotional Code, if Any:\$			\$(
For Credit Card:		Shipping & Handling			\$ <u>6.00</u>
Exact Name on Card:		Surcharge(s) ^			\$
Card No:		International/Canada Shipping # \$_			\$
Expiration Date: Today's Date:		Grand Total			\$
Authorized Signature:		* If you don't have a Member's Discount Code, you may enclose a completed Member Registration Form with your order to obtain instant members' discount			
		^Surcharges - Bulky Item (29340, 99190): \$4. Liquid Item (75000, 75110): \$8 for the 1st case or fraction, \$14 for each case or fraction thereafter. Heavy Liquid Item (75111): 12 for the 1st case or fraction, \$18 for each case or fraction thereafter. # Canada Shipping: +\$4.5. Intl Shipping: +\$8.5. (Items not shipped outside of mainland U.S.: 29340, 72110, 72111, 75000, 75110, 75111, 99190.)			
Billing Information		Shipping Information			
Name:		(Please fill in below if Shipping Info is different from Billing Info)			
Name of Practice:		Name:			
Address:		Name of Practice:			
		Address:			
Phone Numb	er:				
Email Address:		Phone Number:			
Comments:					

Don't forget: If payment is by money order/check, please enclose.