



The Highest Quality Dental Instruments Manufacturer www.mydentalusa.com info@mydentalusa.com
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ORDER FORM

Please clearly print in the blanks on this order form; Complete and fax to us for expedient service.

QTY	Part Number from catalog if applicable	Description of Instrument to be Sharpened, Tips Requested or New Item	Price EACH/ PER END	Amount
Subtotal: NOT including shipping, replacement or service changes				

Customer Info

PURCHASE ORDER # _____

Contact Person	Company Name
Ship to Address	Phone
	Fax
	E-mail
	Have you recently moved or changed your phone number? YES OR NO <i>If so, please provide previous phone number used.</i>

Payment Option

Credit Card	VISA MASTERCARD	Number	Expiration Date
	AMERICAN EXPRESS	Holder Name	Security Code
Authorized Signature			