

Dental Box® Order Form

Quantity _____ Dental Box® at **\$440.00/ea.** plus \$20.00 shipping & handling/ea

Please reference brochure for total Dental Box® content list.

- **Payment:** Purchase Orders - Net 30 days
Check or Money Order – Prepay
Credit Card – MC / VISA only
- **Checks & Money Orders made payable to:** The Dental Box® Company
- **Mail Payment to:** The Dental Box® Company, Inc.,
PO Box 101430
Pittsburgh, PA 15237
- **Delivery:** (Ground) Allow 7-10 business days from confirmation of order
- **Reorder Forms:** Contained within each Dental Box®

Ship To:

Name: _____
Address: _____

City/State/Zip: _____
Contact Person Name: _____ Dept: _____
Phone#: _____ Fax#: _____

Bill To:

Name: _____
Address: _____

City/State/Zip: _____
Contact Person Name: _____ Dept: _____
Phone#: _____ Fax#: _____

Method of Payment: (check) Purchase Order # _____
Check # _____ Money Order # _____
Credit Card*: VISA / MC (circle) # _____
Exp, Date _____ *(we will call for security number)

Address all correspondence to: The Dental Box® Company, Inc.
PO Box 101430
Pittsburgh, PA 15237
Phone/Fax: 412.364.8712
Email: dentalbox@aol.com
Website: www.thedentalbox.com