

FOREVER WHITE ORDER FORM

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Fax: 503-200-1394

Office: 971-319-1518

CARBAMIDE PEROXIDE PRODUCTS (Available in 3ml Syringes only) 100 Minimum Order:

10% <input type="text"/>	16% <input type="text"/>	22% <input type="text"/>	30% <input type="text"/>
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HYDROGEN PEROXIDE PRODUCTS (Available in 3ml Syringes & 2.7ml Whitening Pens) 100 Minimum Order:

6% <input type="text"/> Syringe <input type="text"/> Pen	9% <input type="text"/> Syringe <input type="text"/> Pen	12% <input type="text"/> Syringe <input type="text"/> Pen
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TOTAL QTY OF SYRINGES:
 SYRINGE PRICE: X \$ 3.35
 SYRINGE TOTAL: \$

TOTAL QTY OF WHITENING PENS:
 PEN PRICE: X \$ 3.75
 PEN TOTAL: \$

ADDITIONAL PRODUCTS

		QTY	
THERMOFORM SHEETS:	\$ 20.00	<input type="text"/>	(Package of 25, size .040mm)
RETAINER CASES:	\$ 0.75	<input type="text"/>	(Minimum order of 60)
CUSTOM RETAINER CASES:	\$ 0.90	<input type="text"/>	(Minimum order of 100)

CASE COLOR:
 INK COLOR:

Colors available for Retainer Cases: WHITE (always in-stock); Special Order colors: BLUE, RED, YELLOW, GREEN, PINK, AQUA, ORANGE, LIME (minimum order of 250 per color, may delay shipping)

Ink colors available for printing on Syringes, Pens & Custom Retainer Cases: GOLD, SILVER, COPPER, RED, BLACK, NAVY BLUE, GREEN, DARK PURPLE, LIGHT PURPLE, BABY BLUE, HOT PINK

****1-Time Client Set-Up Fee of \$150. Please send Adobe Illustrator file of your office logo to our email.****

PRODUCT TOTAL: \$
 SET-UP FEE: \$
 SHIPPING & HANDLING: \$ 19.50
 TOTAL PRICE: \$

DATE ORDER SUBMITTED:

Information needed to print on Syringes, Pens & Custom Retainer Cases: ****1st Time Clients Only**

Name of Office or Doctor: _____

Phone #: _____

Website: _____

We will send a template by email for your approval before printing.

PAYMENT INFORMATION:	<i>We accept VISA, MasterCard & American Express</i>
Name on Credit Card: _____	
Billing Address: _____	
City: _____ State: _____ Country: _____ Zip: _____	
Credit Card #: _____ Exp. Date: _____ CVV: _____	
Signature: _____ Date: _____	
Contact Person: _____ Phone #: _____	
Email: _____	
Shipping Address: _____	
City: _____ State: _____ Country: _____ Zip: _____	

INTERNAL	Date Rcvd _____	Pmt Prcd _____	Logo Rcvd _____	Temp Apvd _____	Emd Pkt _____
USE ONLY:	Order to Dist _____	Order Shpd _____	Other _____		

PRICES EFFECTIVE 5/5/2017.

DSB/kh 5/5/17