

# AZURE ORTHO PRODUCT ORDER FORM



## Azure Ortho

20532 Crescent Bay Dr, Suite 100  
 Lake Forest, CA 92630  
 USA  
 Toll Free: 877-695-9393  
 Tel: 949-699 3344  
 Fax: 949-699 3337  
 www.AzureOrtho.com

Please check one:  Doctor  Laboratory

### Billing Info:

### Shipping Info: Check if same as billing

Company Name:			Company Name:		
Name:			Name:		
Address:			Address:		
Address (2):			Address (2):		
Address (3):			Address (3):		
City:	State:	Zip Code:	City:	State:	Zip Code:
Ph#:	Email:		Ph#:	Email:	
Special Instructions/Notes/Comments:					

### Products:

<b>10MM</b> VECS Palate Expander <i>Model 1005-10</i> (\$49 Each): <input type="checkbox"/>			<b>14MM</b> VECS Palate Expander <i>Model 1005-14</i> (\$49 Each): <input type="checkbox"/>		
Lab Kit <i>Model 9005-02</i> (\$15 Each): <input type="checkbox"/>			Activation Keys <i>Model 9005-01</i> (\$20 Each Set): <input type="checkbox"/> <small>[SET OF 5]</small>		
Brochure: <input type="checkbox"/>	DVD: <input type="checkbox"/>	Info Sheet: <input type="checkbox"/>	Copy of Invoice: <input type="checkbox"/>	Credit App: <input type="checkbox"/>	

### Shipping Options: (FOB: Lake Forest CA) FedEx/UPS

Ground: <b>\$15</b> (5-6 Bus Days) <input type="checkbox"/>	2 <sup>ND</sup> Day: <b>\$30</b> (2 Bus Days) <input type="checkbox"/>	Next Day: <b>\$62</b> (1 Bus Day) <input type="checkbox"/>
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### Payment Options:

<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/> N30 Account#: _____
Name on Card:		Card Number:	
Expiration Date:	Security Code:	Taxable: <input type="checkbox"/>	<b>NOT</b> Taxable: <input type="checkbox"/>
		Resale ( <b>CA only</b> ): Certificate No. _____	
			Total Amt Charged: \$ _____ USD