

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:

10MM VECS Palate Expander <i>Model 1005-10</i> (\$49 Each): <input type="checkbox"/>			14MM 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)

UPS Ground: \$15 (5-6 Bus Days) <input type="checkbox"/>	UPS 2 ND Day: \$30 (2 Bus Days) <input type="checkbox"/>	UPS Next Day: \$62 (1 Bus Day) <input type="checkbox"/>
Use own UPS/FED Ex Acct: \$5 <input type="checkbox"/>	USPS Priority Mail: (Varies) <input type="checkbox"/>	Special Instructions: <input type="checkbox"/>

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"/>	NOT Taxable: <input type="checkbox"/>
		Resale (CA only): Certificate No. _____	
			Total Amt Charged: \$ _____ USD