



2099 Hillshire Circle | Memphis, TN 38133
Toll Free Fax: (866) 683-6679
Online: UltimateDental.com

Toll Free (800) 388-7868

Order Form

Ultimate Dental's Catalog No.	No. Units	Description	Unit Price	Total

Bill To:

Account No. _____

Purchase Order No. _____

Doctor's Name or Practice Name _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip Code _____

Name of Person Placing Order _____

Phone Number _____

Fax Number _____

Email Address _____
(You will receive an email when your order ships.)

Ship To:

Doctor's Name or Practice Name _____

Address Line 1 (No Post Office Boxes) _____

Address Line 2 _____

City, State, Zip Code _____

Method of Payment

Check or Money Order C.O.D. Net 30 Days

Credit Card: Visa MasterCard American Express Discover

Card No. _____ Exp. Date: _____

Card Billing Address: (Address to which card is billed and name as it appears on card.)

Due to market conditions, prices are subject to change.

**There will be a \$6.95 small order fee on orders under \$50.00.

A Hazardous Material Fee will be added to certain chemicals as regulated by the Department of Transportation.

Thank You!

Subtotal	_____
** Handling Fee	Over \$50 ⁰⁰ : \$4 ⁹⁵ Under \$50 ⁰⁰ : \$6 ⁹⁵
Sales Tax TN Residents Only	Tennessee Pick-Up and Delivery Only.
Other	_____
Total	_____