



ORDER FORM

Forever White™ teeth whitening products are provided as a courtesy of Dental Practice Solutions

ORDER TODAY!! Email: admin@dentalpracticesolutions.com Phone: 949-351-8741 Fax: 503-200-1394

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

QTY	QTY	QTY	QTY
10% <input type="text"/>	16% <input type="text"/>	22% <input type="text"/>	30% <input type="text"/>

HYDROGEN PEROXIDE PRODUCTS (Available in 3ml Syringes & 2.7ml Whitening Pens) 100 Minimum Order:

Syringe	Pen	Syringe	Pen	Syringe	Pen
6% <input type="text"/>	<input type="text"/>	9% <input type="text"/>	<input type="text"/>	12% <input type="text"/>	<input type="text"/>

TOTAL QTY OF SYRINGES:

SYRINGE PRICE: X \$ 3.35

SYRINGE TOTAL: \$

TOTAL QTY OF WHITENING PENS:

PEN PRICE: X \$ 3.75

PEN TOTAL: \$

PERSONALIZATION

Name of Office or Doctor: _____

Phone #: _____ Website: _____

COLOR OF INK: _____

Available Colors: GOLD, SILVER, COPPER, RED, BLACK, NAVY BLUE, BABY BLUE, GREEN, DARK PURPLE, LIGHT PURPLE, HOT PINK

****1st Time Clients: Please email your office logo. A template approval is required before printing.****

PRODUCT TOTAL: \$

SET-UP FEE: \$

SHIPPING & HANDLING: \$ 19.50

TOTAL PRICE: \$

****1st Time Client Set-Up fee of \$50.****

****Please call for Outside US****

Typical turnaround is 3 weeks for 1st Time Clients and 2 weeks for ReOrders.

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 6/15/2018.

dentalpracticesolutions.com