Ultimate Dental
A Division of Endoco, Inc.

Order Form

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

Toll Free 800-388-7868

Bill To:

Account No. _____ Purchase Order No. _____

Doctor's Name or Practice Name _____

Address _____

City, State, Zip Code _____

Phone Number _____ Name of Person Placing Order _____

Ship To:

Doctor's Name or Practice Name _____

Address (No Post Office Boxes) _____

City, State, Zip Code _____

Email Address _____

Would you like to be notified of specials via email? ☐ Yes ☐ No
Would you like to be notified of specials via fax? ☐ Yes ☐ No

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

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 $5.95 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: $3.95 Under $50.00: $5.95
Sales Tax **TN Residents Only**	*Tennessee Pick-Up and Delivery Only.*
Other	
Total	