

Please Print, Complete and Fax this order form to our *Secure Fax Line* at
248-457-0501

DemoDent ORDER FORM

Name _____
ADDRESS _____
_____. Suite _____

Phone:()- _____
E-Mail _____
Fax:()- _____

Payment Method

Visa/ MasterCard/ American Express/ Discover

Security # _____
Expiration Date _____

DemoDent Intro. Offer: **\$149.00**

Number of models _____
*Michigan residents please ad 6% sales tax
Shipping and Handling; **\$10.00**

Total: _____

Returned items must be received complete in its original packaging within 14 days of purchase for a money back guarantee. A \$15.00 restocking fee will be deducted from the refund for items returned.