Dorado
Dental Supply, Inc.

To order fill out this **form** and **fax** to (619) 330-2552 or for **telephone order**
(800) 215-6930

Shipping Info

Name: _____
Address: _____
City: _____
State, Zip Code: _____
Telephone: ( ) _____

Qty	Order #	Description	Unit Price	Total Price
			Sub-Total	
Thank You For Your Order			**Freight Charge**	
			Sales Tax	
			TOTAL	

Please Indicate Your Method of Payment: ☐ **Visa** ☐ **MC** ☐ **Amex**

Credit Card #:_____-_____-_____-_____ _____ **Exp. Date:**_____

_____
Card Holder Name

_____
Card Holder Signature

_____
Card Holder Billing Address

_____
City *State* *Zip Code*

Return Fax Form (619) 330-2552