## Order Form

For Dental Laboratories

1	or	Dentai	Laboratori	e,

**BILLING ADDRESS** 

Account Number (optional) :\_\_\_

	DLS Corporation
	246 West Taft Avenue • Orange, CA-USA 92865
Toll Free	e: 1-800-514-7063 • www.DentalLabServices.com

FAX COMPLETED ORDER FORM TO: (714)282-1675

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Account Name:		Attention:					
Address:							
City: Sta	.ta. 7:n.						
Phone # Fax	ш	City:State:					
Order Placed By (print name):				Fax #			
QTY	DESCRIPTION			UNIT PRICE	EXT PRICE		
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Terms: □ Will Call □ Ship Ground □	]Day Air			Sub-Total			
CREDIT CARD INFORMATION		Thank you	for your order!	Freight			
Type: ☐ Visa ☐ MasterCard ☐ I	Discover ☐ AmerEx			Sales Tax			
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Add Credit Card Security Code to last 4 boxe	es (Last 3 digits on back / Last 4 for A	AmerEx)	Please indicate preferred method of payment  ☐ My Established DLS Account  ☐ Credit Card  ☐ C.O.D.				
Print Cardholders Name:							
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Billing Address:  City:			☐ I Wish to Open an Account (attach credit application)				
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