

# Order Form

For Dental Laboratories



DLS Corporation

246 West Taft Avenue ♦ Orange, CA-USA 92865

Toll Free: 1-800-514-7063 ♦ www.DentalLabServices.com

DATE: \_\_\_\_\_

PURCHASE ORDER NO: \_\_\_\_\_

### BILLING ADDRESS

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

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Order Placed By (print name): \_\_\_\_\_

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

### SHIPPING ADDRESS

Attention: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

QTY	DESCRIPTION	UNIT PRICE	EXT PRICE

Terms:  Will Call  Ship Ground  \_\_\_\_ Day Air

Thank you for your order!

### CREDIT CARD INFORMATION

Type:  Visa  MasterCard  Discover  AmerEx

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Add Credit Card Security Code to last 4 boxes (Last 3 digits on back / Last 4 for AmerEx)

Print Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Sub-Total	
Freight	
Sales Tax	
<b>TOTAL</b>	

**Please indicate preferred method of payment**

My Established DLS Account

Credit Card

C.O.D.

I Wish to Open an Account  
(attach credit application)

# Credit Application

For Dental Laboratories



DLS Corporation

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

FAX COMPLETED APPLICATION TO: (714)282-1675

FOR ACCOUNT INQUIRES, CALL: (714)282-9135

## APPLICANT INFO

Business Name: \_\_\_\_\_

Owner or Doctor's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

### SHIPPING ADDRESS (if different than above)

Contact Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Social Security Number (required for all NET-30 and C.O.D. billing accounts)

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Tax ID#: \_\_\_\_\_

## CURRENT SUPPLIERS

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company #2: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## PAYMENT INFORMATION

### Please Indicate Preferred Method of Payment:

Net 30  Credit Card  Prepaid Order  C.O.D.

**PREPAID ORDERS:** Over \$200 require either a money order or check cleared prior to shipping. Include sales tax if ordering from California. Shipping charges include weight, size and zip code of packages. Minimum order of \$25.00.

**C.O.D. ORDERS:** COD Orders have a \$8.00 charge (or the current rate).

**POST OFFICE BOXES:** We will not ship to P.O. Boxes

### Type of Business:

Proprietorship  Partnership  Corporation  Tax Exempt

Years in Business? \_\_\_\_\_ Number of Employees? \_\_\_\_\_

## AGREEMENT

International Orders must be prepaid with a wire transfer. By signing below you give DLS Corporation permission to request consumer reports from consumer reporting agencies for use in considering your application and subsequently for the purpose of any renewal, update, reviewing, collecting, or extension of credit. Proprietorships, Partnerships, or Corporations including professional corporations assume liability for ALL purchases made by any employee, or authorized agent employed when the order was placed. I hereby agree to pay interest on all overdue accounts at the rate of 1.5% monthly, and to pay all costs of collection including reasonable attorney's fees. I hereby certify that the information set forth on this application, together with all other information submitted in connection with this application, is true and correct.

\_\_\_\_\_  
Authorized Signature Date \_\_\_\_\_



## CREDIT CARD INFORMATION

Type:  Visa  MasterCard  Discover  AmerEx

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Credit Card Security Code  
(Last 3 digits on back / Last 4 for AmerEx)

Print Cardholders Name: \_\_\_\_\_

Signature:  \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

### CREDIT CARD BILLING ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete this application in full. Thank you for your application for credit with the DLS Corporation. We will process your application quickly, and will notify you within 30 days. All application inquiries may be directed to our accounting department. All information you provide will be kept in strict confidence, subject to the terms stated in the agreement. Thank you.

Please Sign Here:  \_\_\_\_\_ Today's Date: \_\_\_\_\_

Account/Name: \_\_\_\_\_

Date: \_\_\_\_\_ Purchase Order No: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

# Tooth Order Form

For King Hue Cross Linked Acrylic Teeth



DLS Corporation

246 West Taft Avenue • Orange, CA-USA 92865

Toll Free: 1-800-514-7063 • www.DentalLabServices.com

## UPPER ANTERIORS 1X6

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											

Visit [www.dentallabservices.com/tooth\\_counter.htm](http://www.dentallabservices.com/tooth_counter.htm) for chart.

Total

## LOWER ANTERIORS 1X6

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
B3											
3M											
2D											
3D											
A24											
A25											
A26											
2N											
3N											
2P											
3P											
1H											
4H											
133											
135											
263											
264											
266											
267											

Total

## UPPER POSTERIOURS 1XS

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											

\*Darker lines indicate degree change (0°, 10°, 20°, or 33°).

Total

## LOWER POSTERIOURS 1XS

SHADE/COLOR

Mould	50	59	62	65	66	67	69	77	81	87	Total
31Z											
32F											
33F											
29M											
29L											
31M											
31L											
33M											
30M											
30L											
32M											
32L											
34M											
34L											

Total

Terms:  Will Call  Ship Ground  \_\_\_\_\_ Day Air

## CREDIT INFORMATION

Type:  Visa  MasterCard  Discover  AmerEx

Security Code

□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---

Print Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Tooth Card Total:**

### Indicate method of payment

- My Established DLS Account  
 Credit Card  C.O.D.  
 I Wish to Open an Account  
 (attach credit application)

Thank you for your order!

Sub-Total \$

Freight \$

Sales Tax \$

**TOTAL \$**

Account/Name: \_\_\_\_\_ Date: \_\_\_\_\_ Purchase Order # \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ **FAX COMPLETED TOOTH FORM TO: 714-282-1675**

# Tooth Order Form

**Veratone**

*For Veratone Multichromatic Acrylic Teeth*



**DLS Corporation**

246 West Taft Avenue ♦ Orange, CA-USA 92865  
 Toll Free: 1-800-514-7063 ♦ www.dentallabservices.com

## UPPER ANTERIORS 1X6

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
13										
25										
35										
36										
56										
57										
66										
76										
77										
78										
85										
88										
98										
99										
										Total

## LOWER ANTERIORS 1X6

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
13										
25										
35										
36										
56										
57										
66										
76										
77										
78										
85										
88										
98										
99										
										Total

## UPPER POSTERIOURS 1X8

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
11										
12										
13										
41										
44										
45										
										Total

## LOWER POSTERIOURS 1X8

SHADE/COLOR

Mould	A1	A2	A3	A4	B1	B2	B3	C2	D3	Total
11										
12										
13										
41										
44										
45										
										Total

### CREDIT INFORMATION

Type:  Visa  MasterCard  Discover  AmerEx

Security Code

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Print Cardholders Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Terms:  Will Call  Ship Ground  \_\_\_\_\_ Day Air

**Tooth Card Total:**

**Indicate method of payment**  
 My Established DLS Account  
 Credit Card  C.O.D.  
 I Wish to Open an Account  
 (attach credit application)

Thank you for your order!

Sub-Total \$
Freight \$
Sales Tax \$
<b>TOTAL \$</b>

# Customer Information

## 2006 Laboratory Catalog

### ORDERING



#### Phone Orders

Place your order by phone by calling us Monday through Friday at 9:00am to 5:00pm or Saturday at 10:00am to 4:00pm.  
Toll Free: **800-514-7063**  
Local: **714-282-9135**



#### Fax Orders

Fax your order 24 hours a day at **714-282-1675**. You can detach or copy our order form on page 47. Please provide all information before processing and faxing: Billing and Shipping Address, Name and Telephone Number, Product Description, and Unit of Measure and Quantity.



#### Internet Orders

Place your order online at **www.dentallabservices.com**  
Just click the Order Form link on the left and email OR print out and complete an Order Form in the **Forms on Demand** section shown on top.

### PAYMENT



#### General Payment

For new credit accounts, please fill out our credit application. These accounts are subject to our account terms, satisfactory credit references and subject to approval. Your account payment will be due upon receipt of your statement.



#### Credit Card Purchases

For credit cards, we gladly accept Visa or MasterCard. Please have your credit card number, expiration date and CSV number ready when ordering items. We can also keep an open account ready for your credit card purchases.



#### Prepaid Purchases

Payments made by personal checks may be sent to us with your order. Prepaid orders over \$200 requires either a Money Order or check cleared prior to shipping the order (Most the time approx. 7-14 days).

### SHIPPING



#### UPS Ground

All orders are shipped FOB are arranged by UPS regular services which include Ground and 3-Day Select delivery.



#### Expedited Shipping

For Faster Delivery, we offer UPS Next Day and Second Day Service for which additional shipping fees will be charged.



#### Shipping Bulk Weight

Freight will be added on all equipment, heavy items and drop shipments. Required crating fees will be charged separately.

### RETURN POLICY

When returning items, we ask for the purchase date, item description, quantity and reason for returning. All returned items must have the accompanied receipt and returned within 30 days of original purchase date. All returned items are subject to inspection. Any items not returned in acceptable condition will not be eligible for credit. If your item is not returned within 30 days, a restocking fee of 15% will be applied to in-stock returns and 25% to orders that were special ordered. We will replace or repair defective items based on the Manufacturers' policies. Dated, misused or abused items will not be accepted. Handpieces will not be returned for credit, but repaired instead or replaced in accordance with the Manufacturers' policy.

# **DLS Corporation**

## ***-Dental Lab Services-***

246 West Taft Avenue • Orange, CA 92865

Web: [www.dentallabservices.com](http://www.dentallabservices.com)

Email: [sales@dentallabservices.com](mailto:sales@dentallabservices.com)

**800-514-7063 • 714-282-9135 • Fax: 714-282-1675**

### **Business Hours**

Monday through Friday 9:00 a.m. to 5:00 p.m.

Saturday 10:00 am to 4:00 pm

## ***Services of DLS Corporation***

### **SALES**

Our sales representatives are waiting to assist you with any questions you might have with your order.

### **REPAIR**

We repair most types of equipment including handpieces, burnout and porcelain furnaces, lathes, steamers, blasters, compressors, vacuum pumps, casting machines and more.

### **PRE-OWNED EQUIPMENT**

Not only do we stock new supplies and equipment, but we have a large selection of used equipment to browse. If you have an idea of what your looking for used, give us a call and we can see if there is that item in stock.

### **MANUFACTURING**

We are a Dental Lab Supplier and Manufacturer. We make Quiet Air Compressors, a Burnout Oven, Dust Collector and a Dipping Pot. See the second page of this catalog for details.