

FLOSSCARD®

PROMOTE YOUR PRACTICE NOW!!! FIRST TIME ORDER FORM: USA

FAX - For fast, accurate handling, we recommend faxing this order form to us at 1-516-771-8518.

Our fax is available 24 hrs., 7 days a week. See typesetting instructions below.

PHONE - Call us at 1-800-ORAMAAX (672-6229). A friendly salesperson is waiting to take your order or answer your questions.

THE POWER OF YOUR NAME IN EVERY PATIENTS WALLET!

12 YARDS of DENTAL FLOSS
in a CREDIT CARD!

FLOSSCARD®

PLEASE READ INSTRUCTIONS

COMPLIMENTS OF


1 _____

2 _____

3 _____

4 _____

5 _____



ORAMAAX®
DENTAL PRODUCTS, INC.
1-800-ORAMAAX
Patent 5722439 Other Patents Pending

TYPESSETTING INSTRUCTIONS

PRINT your information in blue or black ink exactly as you want it to appear, including commas and periods.

Upper & lower case letters will be printed as written.

30 character limit per line including spaces and punctuation.

Typesetting limited to 5 lines only

NOTE: Up to 5 lines with any copy you want.

The below suggestions are for your convenience.

- 1 - Name of Practice
- 2 - Name of Doctor or Doctors
- 3 - Address
- 4 - Phone Number
- 5 - E-mail Address

CHECK ONE: Price includes printing! - Reorders are Discounted!

QUANTITY	PRICE	S & H*	FINAL COST*	COST PER CARD
<input type="checkbox"/> 250 FLOSSCARD® Units	\$212.50	\$18.83	\$231.33	\$0.85
<input type="checkbox"/> 500 FLOSSCARD® Units	\$350.00	\$19.11	\$369.11	\$0.70
<input type="checkbox"/> 1000 FLOSSCARD® Units	\$650.00	\$30.03	\$680.03	\$0.65

PAYMENT TYPE:

Master Card VISA AMEX Check Enclosed
Make checks payable to: Oramaax Dental Products, Inc.

Credit Card info:

CC#:

Expiration Date:

CVV:

Signature:

Phone:

Add 8% sales tax for NY State residents.

*Applies to UPS ground only for shipment within the continental U.S. All other shipments require a nominal shipping charge. All local duties and customs fees outside the U.S. are the sole responsibility of the customer.

Please supply Credit Card billing address below if other than office.

Name:

Address:

City/State/Zip:

Fax

Mail, call, fax or e-mail us your order!

ORAMAAX®
DENTAL PRODUCTS, INC.

ORDER FORM 10/2012

www.flosscard.com • 1-800-ORAMAAX (672-6229) • E-mail: oramaax@flosscard.com

216 North Main Street, Building A1, Freeport, NY 11520 Telephone (516) 771-8514 Fax (516) 771-8518

BILLING/SHIPPING - Sorry, no C.O.D.'s or Open Account Billing at this time.

ORDER CONFIRMATION - We will confirm your print information with a proof unless you confirm it in writing or by phone. When confirming a proof by fax or email, it is your responsibility to check its accuracy. Approval by Doctor or Office Staff ends our responsibility, except for our printing errors.

RUSH ORDERS - Tell us and we will do our best. A moderate fee may apply.

PRICE CHANGES & POLICIES - We make every effort to keep our costs low and pass the savings on to you. However, prices and policies are subject to change without notice.