



*Dental Handpiece*  
DEALS

**ATTACH A  
BUSINESS CARD HERE**

## CONTACT INFORMATION

Contact person: \_\_\_\_\_

Doctor / Office name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

## PAYMENT INFORMATION

Write the check to (name): \_\_\_\_\_

Send the check to (address): \_\_\_\_\_  
\_\_\_\_\_

### CHOOSE ONE

Email quote

or

Send check without a quote.

I will accept any amount above \$ \_\_\_\_\_

DentalHandpieceDeals.com  
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