

Date: _____

Dr's Last Name: _____

Associate: _____

QUESTIONS REGARDING YOUR
ORDER OR OFFICE DELIVERY
CALL 310-254-7711
Fax (818) 224-4860

Sinustech America LLC

Customer Order Form

- Transaction Type
- Reservation/Back Order Ship Out
- Charge Send Replacement Part

CUSTOMER BILLING INFORMATION

Name: _____ Dr. _____

Billing Address: _____

License #: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt #: _____

Email: _____

SHIPPING INFORMATION*

Recipient's Name: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt #: _____

MERCHANDISE INFORMATION

	<i>Item Number</i>	<i>Order Number</i>	<i>Description</i>	<i>Qty</i>	<i>Price</i>	<i>Extended Price</i>
	1					
	2					
	3					
	4					
	5					

Notes: _____

<i>Subtotal</i>
<i>Tax Total</i>
<i>Shipping</i>
<i>Total</i>

PAYMENT INFORMATION

- Visa/MC AMEX Discover

CC#: _____ Expiration Date: _____

Security Code Next to CC # in the back: _____

CHARGE SEND/SHIP OUT INFORMATION

Associate: _____ Service: _____ Ground Expedited Shipping

Transaction # _____ Tracking # _____

Return Policy: Sinustech America products are returnable for a period of 30 days from the date of initial invoice if the product has not been used. There will be 20% restocking fee upon return.

Signature: _____ Date: _____

It is the responsibility of the Clinician for patient treatment planning and appropriate use of Hatch Reamer MISE set.

Your signature confirms your loaner and will be used as authorization to charge your credit card if you do not return within 30 days..

Your credit card will not be charged until the Hatch Reamer MISE Set loaner is not returned within 30 days without notice and a invoice is issued.

* We cannot ship to PO Box