FAIRFIELD ORTHODONTICS
Fax Order Form

Fax *Toll-Free* To:
877-570-2844

Bill To:

NAME:_____

ADDRESS 1:_____

ADDRESS 2:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:( ) _____

FAX:( ) _____

Ship To: ■ Same as Bill To

NAME:_____

ADDRESS 1:_____

ADDRESS 2:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:( ) _____

FAX:( ) _____

Items Requested:

Item #	Qty	Description	Specifications

Shipping Options:

All orders shipped UPS Ground Service unless otherwise specified.

☐ UPS 2nd Day Air

☐ UPS Next Day Air

☐ other _____

Payment Options:

☐ Bill Me Net 30 Days (Overdue Fees May Apply)

☐ Credit Card Payment VISA MasterCard

Sign._____ Exp. ___/___