



2012 Bulb Kit Order Form

ACCT #: _____

RETURN FAX: 770-664-5214
Date: _____

FOR OFFICE USE ONLY:
PROCESSED BY: _____

Please indicate if your account has a Priority Service Agreement : YES or NO
(Free Bulbs with Service Agreement)

QUANTITY		ITEM PRICE	TOTAL PRICE
	Bulb Kit #1285 (12 bulbs w/puller)	\$20.70 per kit	
	Bulb Kit #5085 (50 bulbs w/puller)	\$73.31 per kit	
	Bulb Kit #10085 (100 bulbs w/puller)	\$138.34 per kit	
	101-250 Bulbs #85 (please indicate quantity; puller sold separately)	\$1.07 ea.	
	251 + Bulbs #85 (please indicate quantity; puller sold separately)	\$0.74 ea.	
	Bulb Puller only	\$8.28 ea	
		Subtotal	
Shipping Charges: Standard \$7.50; Overnight: \$18.00		S&H** Charges	
For standard delivery please allow 10-14 days.		Tax	
If you need assistance with this order form, please call 1-800-843-9651 Ext 0.		Total Price	

Shipping Address:

Practice Name: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Name of Person Placing Order: First _____ Last _____

Payment Method

- Credit Card (please circle): Visa MasterCard American Express Discover
 **No Handling Fee for credit card orders; please complete credit card information with Billing Address for card below
- Send Invoice: **\$10.00 Handling Fee for invoicing; please complete Billing Address below

Billing Address and Credit Card Information

- Check here if your Billing Address is the same as your Shipping Address

Practice/Company Name: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Card holder Name: _____
 Credit Card #: _____ Credit Card Code: _____
 Exp. Date : _____ Signature: _____



BULB #85

