



ACCT #: _____

2012 LED Order Form

RETURN FAX: 770-664-5214
DATE: _____

FOR OFFICE USE ONLY:
PROCESSED BY: _____

Please indicate how many LED's you need. If you are buying LED's for green lenses, please indicate green.

	QTY ordered	Price Points	Price per Bulb	COLOR (only white and green)	Total Price
1		Up to 100	5.20 ea		
2		101 – 250	4.44 ea		
3		251 - 500	4.19 ea		
4		500 +	3.69 ea		
5					
				SUBTOTAL	
Shipping: Standard \$7.50 (10-14 Days) OR Express Overnight: \$18.00				S&H CHARGES	
For standard delivery please allow 10-14 days.				TAX	
If you need further assistance, please call 1-800-843-9651 Ext. 0				TOTAL	

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: _____

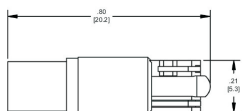
City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Card holder Name: _____

Credit Card #: _____ Credit Card Code: _____

Exp. Date : _____ Signature: _____



LED

