

Ohio Dental Association Dental Whitening Gel
Discount Program

Order Information

Date: _____

Name: _____

SHIPPING
Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____ Fax: _____

Quantity _____	Strength <u>16%</u>
Quantity _____	Strength <u>22%</u>
Quantity _____	Strength <u>35%</u>

Personalization Information (Up to 3 lines with 20 letters across):

1 _____
2 _____
3 _____

Payment Information:

Type of Credit Card: _____

CC# _____

Expiration Date: _____ Security Code: _____

Billing address same as shipping: _____

BILLING ADDRESS: _____

Name as it appears on the card: _____

Stacy Cox stacyc@oda.org
Ohio Dental Association 1370 Dublin Road; Columbus, OH 43215-1096
FAX: (614) 486-0381 PHONE: (800) 282-1526