ODA SERVICES CORP
ODASC
ODA MEMBER BENEFIT

WHITENING GEL
Discount Program

Order Information

First Name: _____ Last Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Email for receipt: _____

Phone: _____ Fax: _____

Specify Flavor: Mint or None

Strength: 16% Quantity: _____ Flavor: _____

Strength: 22% Quantity: _____ Flavor: _____

Strength: 35% Quantity: _____ Flavor: _____

Personalization Information (minimum of 50 per strength)
Up to 3 lines with 20 letters across

1. _____
2. _____
3. _____

Payment Information:

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

CC#:_____

Expiration Date:_____ CVV:_____

Name as it appears on card: _____

Billing Address: ☐ Same as Shipping

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

Return order form by email to odasc@oda.org, fax to (614) 340-9444 or mail to 1370 Dublin Rd, Columbus OH 43215.
Please do not send credit card information via email unless using a secure email system

Questions?
Contact ODASC staff by email at odasc@oda.org or phone (800) 282-1526.