BauerDental

Phone: Call Howard 317 652-8584

Email: bauerdental@yahoo.com

Qty	Original Manufacturer Name	Instrument Name / Special Instruction	Sharpen Only (Please check mark)	Retip As Handle name (Please check mark)	Retip To Desire Tip (Please write)	Trade In or NEW (Please check mark)	Amount
Please make our instrument blades as follows (Please circle): Normal Thicker Thinner Longer Shorter						Total	

Please circle the following. If you mark No we will return without work done.
If your instrument cannot be re-tipped, should we replace it with a new instrument at a reduced trade-in price? .....YES or NO
If instrument will be replaced would you like the old instrument returned.....YES or NO
If unable to SHARPEN, should we RETIP the instruments? .....YES or NO

Customer Info (If your information has been recently changed Please contact us to update your account)

Contact Person	Company Name
Ship to Address	Tel (Acct No)
	Fax
	E-mail

Payment Option

Card Holder's Name		Exp
VISA / MC / Amex / Discover (Please circle)	Number	Sec Code
Authorized Signature		