



SURGICAL SUPPLY COMPANY

PHOTOCOPY THIS PAGE FOR FUTURE ORDERS

Fill out your standard company information on this page and photocopy it before filling out your order. Write your order on the copy and send it off to ACE. For future orders, just copy the page again, the standard information will already be filled in. Thanks again for letting ACE fulfill your surgical needs.

ACE ORDER FORM

www.acesurgical.com

Date	Customer #	Contact
Phone #	Fax #	Specialty
BILL TO:		SHIP TO: If same as "Bill To", check here <input type="checkbox"/>
Name		Name
Address		Address
City.....State.....Zip.....		City.....State.....Zip.....
SPECIAL SHIPPING INSTRUCTIONS/COMMENTS:		
PAYMENT METHOD: <input type="checkbox"/> Bill to my ACE account (subject to credit approval)		
<input type="checkbox"/> Visa • <input type="checkbox"/> MasterCard • <input type="checkbox"/> American Express • <input type="checkbox"/> Diner's Club • Card #		Expires
Cardholder's signature		(print name clearly)

ITEM NUMBER	UNIT OF MEASURE	PRODUCT DESCRIPTION	QTY.	UNIT PRICE	EXTENDED PRICE
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	
				X	

Shipping charges are added to all orders according to weight and destination. **NOTE:** Orders under \$30.00 will incur an additional \$5.00 handling charge.

Please send me the following catalog(s): Products • Instrument • Bur & Rotary Instruments • ACE Dental Implant System • Dental Implant Accessories • Price Book

Please send me information on:

	ORDER BY FAX 800.583.3150		ORDER BY MAIL Address Below		ORDER BY PHONE 800.441.3100
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Locally dial: 508-583-3140

ACE Surgical Supply
1034 Pearl Street, P.O. Box 1710
Brockton, MA 02301

Locally call: 508-588-3100
Monday-Friday 8am-6pm EST