



M. White Dental

Service Work Order Form

1900 Carriage Dr.
Phenix City, AL 36867-9989
Telephone: (866) 525-8212
Fax: (888) 547-2536
www.mwhitedental.com

Customer Information

Date: ___ / ___ / ___

Company Name:		Telephone:
Contact Name:		Alternate Telephone:
Address:		Fax:
City:		Email:
State:	Zip Code:	Website:

Handpiece Information

Make/Model	Serial Number	Description of Problem	Other Information

FREE Return Shipping with 3 or more Handpiece Repairs!!

Contact with estimate before repairs begin? (Check One)	Upon service completion, receive invoice by:
Yes <input type="checkbox"/> No, Repair As Needed <input type="checkbox"/>	Email <input type="checkbox"/> Fax <input type="checkbox"/>

Payment Form

Save time by filling out the payment form below:

Payment Type	Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Check <i>(Established Customers Only)</i> <input type="checkbox"/>						
Name On Card:	<table border="1"> <tr> <td>Expiration Date: <i>(month/year)</i></td> <td> </td> </tr> <tr> <td>Card Number:</td> <td> <table border="1"> <tr> <td>CVV/CVV2 Number: <i>(Security code)</i></td> <td> </td> </tr> </table> </td> </tr> </table>	Expiration Date: <i>(month/year)</i>		Card Number:	<table border="1"> <tr> <td>CVV/CVV2 Number: <i>(Security code)</i></td> <td> </td> </tr> </table>	CVV/CVV2 Number: <i>(Security code)</i>	
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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY LABEL

FIRST-CLASS MAIL PERMIT NO. 78002 PHENIX CITY AL

POSTAGE WILL BE PAID BY ADDRESSEE

M WHITE DENTAL HANDPIECE REPAIR
1900 CARRIAGE DR
PHENIX CITY AL 36867-9990

