



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) Yes <input type="checkbox"/> No, Repair As Needed <input type="checkbox"/>	Upon service completion, receive invoice by: Email <input type="checkbox"/> Fax <input type="checkbox"/>
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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:	Expiration Date: <i>(month/year)</i>
Card Number:	CVV/CVV2 Number: <i>(Security code)</i>

----- CUT AND PASTE TO PACKAGE FOR FREE SHIPPING -----



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 78002 PHENIX CITY, AL

POSTAGE WILL BE PAID BY ADDRESSEE

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